

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
AT NASHVILLE

FILED
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN
JAN 31 2002

BY _____
DEPUTY CLERK

JOHN B., CARRIE G., JOSHUA M., MEAGAN A.)
and ERICA A., by their next friend, L.A.;)
DUSTIN P. by his next friend, Linda C.;)
BAYLI S. by her next friend, C.W.;)
JAMES D. by his next friend, Susan H.;)
ELSIE H. by her next friend, Stacy Miller;)
JULIAN C. by his next friend, Shawn C.;)
TROY D. by his next friend, T.W.;)
RAY M. by his next friend, P.D.;)
ROSCOE W. by his next friend, K.B.;)
JACOB R. by his next friend, Kim R.;)
JUSTIN S. by his next friend, Diane P.;)
ESTEL W. by his next friend, E.D.;)
individually and on behalf of all others)
similarly situated,)

Plaintiffs,)

v.)

No. 3-98-0168
Judge Nixon

NANCY MENKE, Commissioner,)
Tennessee Department of Health;)
THERESA CLARKE, Assistant Commissioner)
Bureau of TennCare; and)
GEORGE HATTAWAY, Commissioner)
Tennessee Department of Children's Services)

Defendants.)

JANUARY 2002 SEMI-ANNUAL PROGRESS REPORT

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
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JOHN B., CARRIE G., JOSHUA M., MEAGAN A.)
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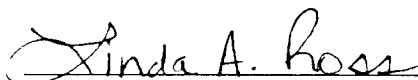
Pursuant to Paragraph 104 of the Consent Decree entered on March 11, 1998, the Defendants agreed to file a semi-annual report with this Court and plaintiffs' counsel regarding their compliance with the terms of that order. Such reports are to be filed on July 31st and January 31st of each year. Said reports "shall contain information, validated by the applicable

audit and testing procedures outlined herein, which accurately and fully reflect the status of the State's compliance with each of the applicable requirements of this order . . ."

Attached to this notice is a copy of the Semi-Annual Progress Report for the period ending January 31, 2002. Pursuant to paragraph 104 of the Consent Decree, this semi-annual report is being provided to plaintiffs' counsel.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document has been forwarded
by first-class U.S. Mail, postage prepaid, to:

Gordon Bonnyman
Michele Johnson
Tennessee Justice Center
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Nashville, Tennessee 37201
Counsel for Plaintiffs

on this, the 31st day of January, 2002.

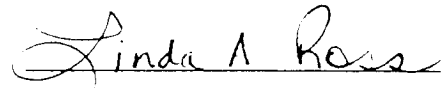
A handwritten signature in cursive script, reading "Linda A. Ross", written over a horizontal line.

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John B. Semiannual Report

**Bureau of TennCare
January 31, 2002**

John B. Semiannual Progress Report

January 31, 2002

As of September 2001, there were 668,569 children under the age of 21 who were enrolled in TennCare. Sixty-one percent of these children, or about 409,210, were Medicaid-eligible. About 39%, or 259,359, were enrolled as members of the demonstration population (Uninsureds and Uninsurables).

The vast majority of demonstration population members who are children are enrolled as Uninsureds. Even when most other categories of Uninsured eligibility have been closed in recent years, TennCare has continued to enroll Uninsured children under the age of 19. Only about 9,000 children under 21 are enrolled as Uninsurables; 107 of these children also have Medicare.

The breakdown of enrollees by age groups is as follows:

	<Age 1	Ages 1 through 5	Ages 6 through 13	Ages 14 through 20	Total
Medicaid	30,237	118,230	160,822	99,921	409,210
Uninsured	5,660	63,187	101,198	80,286	250,331
Uninsurable	22	1,078	3,151	4,670	8,921
Uninsurable with Medicare	0	2	46	59	107
TOTALS	35,919	182,497	265,217	184,936	668,569

There are several encouraging statistics to report:

- Because of TennCare, only 4% of children under 18 in the state are currently uninsured.¹
- The infant mortality rate for the state, which had been dropping in recent years, went back up in 2001 to 9 deaths per 1,000 live births, but is still lower than the rate prior to TennCare, which was 9.7.²
- The percentage of fully immunized 24-month olds in the state has grown from 66% in 1993 to 88.2% in 2001.³ The rate last year was the highest rate yet observed in the 18 years that the survey has been done. Although TennCare enrollees' completion rate (86.3%) was slightly lower than the rate for all

¹ Lyons, W., and Fox, W., "The Impact of TennCare: A Survey of Recipients," University of Tennessee Center for Business and Economic Research, August 2001, p. 2.

² Office of Health Statistics and Research, Tennessee Department of Health.

³ Tennessee Immunization Program, Tennessee Department of Health, 2001.

children in the state, this is still a significant improvement and represents a "proxy" for assessing the delivery of health care to young children.

- The average number of Evaluation and Management services used by each TennCare child in 2000 was six.⁴
- Last year 74% of TennCare parents rated the health care given their children as "good" or "excellent."⁵
- Last year 73% of TennCare parents said that their children visit doctors at least every few months.⁶

The state remains committed to the letter and the spirit of the Consent Decree and during the past six months has initiated many new activities. The state's chosen mode of addressing the concerns expressed in the Consent Decree is "continuous quality improvement." Because there are no recognized blueprints that dictate the best ways to achieve the goals we have set for ourselves, we are continuing to develop new ideas, put them in place, then evaluate to see whether they are achieving the desired results. Providers and advocates are assisting greatly with this process. In recent months, pediatricians and dentists have been particularly helpful.

During the past six months we have put in place new contract requirements regarding issues such as demonstration of MCO specialty networks, provision of a "safety net" for EPSDT screens, and payment incentives for MCOs which increase their screening rates. Several structural changes, such as the Implementation Team and the establishment of TennCare Select, are helping us meet our goals of assuring that children in state custody receive all necessary health care and that TennCare-eligible children are prevented from entering custody, where possible. The establishment of the Children's Health Initiative to oversee EPSDT efforts and to resolve inter-departmental problems has been extremely helpful.

A summary of activities conducted during the past six months is presented below.

A. Systemic Improvements

1. **TennCare Select.** TennCare Select was implemented on July 1, 2001, for the purpose of providing medical and behavioral services to certain TennCare populations including DCS custody children. These children are being assigned a Best Practice Network (BPN) primary care provider. The BPN provider is responsible for ensuring all medical and behavioral

⁴ PricewaterhouseCoopers, "Development of Per Capita Costs for the TennCare Program for State Fiscal Year 2002," a report prepared for the Tennessee Office of the Comptroller, April 2001, p. 18.

⁵ Lyons and Fox, p. 3.

⁶ Lyons and Fox, p. 5.

health services are documented in the BPN Primary Care Provider's (PCP's) office or medical home. TennCare Select is currently conducting its first audit of the BPN PCP provider office medical charts in order to identify opportunities for improvement. TennCare Select employees have trained DCS foster parents and DCS health unit staff persons on procedures for accessing services.

TennCare has approved an EPSDT tracking system developed by TennCare Select that should improve the process of tracking EPSDT services from MCO to MCO and from provider to provider. This tracking system will be integrated into the medical chart and follow the patient.

The Department of Children's Services has reported that TennCare Select is a "great success." They say specifically that custody children are gaining access to needed services, and when problems are found, the TennCare Select staff's response is quick and professional.

2. Provider education tools. Two specific tools for educating providers about EPSDT were developed during the reporting period.

- **CyberCE.** The Bureau of TennCare entered into a one-year contract with CyberCE, Inc., on July 1, 2001, to provide on-line, interactive training on EPSDT to primary care providers. Dr. Don Lighter, a pediatrician and educator, developed a presentation giving an overview of EPSDT and providing details of the components of an EPSDT screening visit, with emphasis on the screening guidelines developed in 1999. His presentation also gave details on CPT coding of services, using materials provided by Dr. Joel Bradley, who is an expert on CPT coding, Director of the Cumberland Pediatric Foundation, and an active member of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP). This basic presentation on EPSDT, dubbed "EPSDT 101", was first presented as an on-line, interactive educational session in September.

Evaluative responses of participants in the sessions were very positive, though the numbers of participants during the September to December period were low. CyberCE held a special session of EPSDT 101 for the leadership of the Tennessee Chapter of AAP to obtain their critique of the program and their suggestions for how to attract greater numbers of physicians to participate in the on-line sessions. Dr. Lighter and his associates made adjustments in the program to make it more attractive to practicing physicians.

At year's end, plans were underway to take the CyberCE program on EPSDT directly to physician offices. Plans were also being made to develop a session devoted to developmental and behavioral screening. Dr. Frances Glascoe, an internationally recognized expert in

developmental and behavioral screening, is expected to be the faculty leader for these sessions. Additional sessions are being planned on hearing and vision screening.

- **Video for PCPs.** A 16-minute video presentation, entitled "Tennessee Caring for Kids: EPSDT Provider Video", was developed to inform primary care providers and their staff, including health departments, about the components of EPSDT screenings. The video was developed by the Children's Health Initiative in the spring and summer of 2001. Video production was done by the University of Tennessee Center for Industrial Services. Review of the script and the video was provided by several sources, including Dr. Conrad Shackleford, Interim Medical Director of TennCare, members of the Tennessee Chapter of AAP, pediatric faculty at Vanderbilt University School of Medicine and Meharry Medical College, and Dr. Joel Bradley, Director of the Cumberland Pediatric Foundation.

A packet of written materials was developed to accompany the video. The packet included the following:

- a copy of the set of age-specific, well child forms developed by the Tennessee Chapter of AAP;
- a chart entitled "Recommendations for Preventive Pediatric Health Care," which gives the AAP periodicity schedule of the services to be provided at each well child visit;
- a set of guidelines for anticipatory guidance from the Bright Futures project of the National Center for Education in Maternal and Child Health;
- guidelines on childhood lead poisoning from the Centers for Disease Control and the Tennessee Department of Health, including a set of risk assessment questions in English and in six other languages;
- Tennessee Department of Health guidelines on chlamydia screening;
- the AAP description of the components of a Medical Home;
- a Tuberculosis Risk Assessment Questionnaire from the Tennessee Department of Health, both in English and in six other languages;
- a table listing TennCare's recommended developmental/emotional/behavioral screening tools;
- a table listing TennCare's recommended screening procedures for hearing and vision; and
- a list of useful phone numbers and web sites related to child health.

In most cases, the video and packet were accompanied by a cover letter from the relevant professional organization encouraging use of the video and informational materials to improve child health in Tennessee.

Approximately 3,500 copies of the video and packet were sent to primary care providers. The video and packet have also been used on physician office visits by TennCare's Quality Oversight unit, who have reported positive responses from use of the video in their site visits. The videos and accompanying packet of information were mailed to providers in November with the assistance of the Tennessee Chapter of AAP, the Tennessee Academy of Family Physicians, the Tennessee Primary Care Association, the Tennessee Nurses Association, the Tennessee Department of Health, and the TennCare Managed Care Organizations.

3. **Involvement of TNAAP.** A six-month contract was initiated with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) on July 1, 2001. Leaders of TNAAP had approached the TennCare Bureau in the spring of 2001 with an offer to consult with the Bureau to improve the quality and quantity of child health services provided under EPSDT.

Since the contract has been put into place, TNAAP has been actively involved in several projects to support improvements in EPSDT services. As noted above, members of TNAAP have been actively involved in review and development of the "Tennessee Caring for Kids: EPSDT Provider Video" and in the CyberCE on-line educational sessions for primary care providers. TNAAP has also been actively involved in the development of public awareness materials (poster, brochure, TV spot, and radio spot) which were intended to increase parents' knowledge about the availability and importance of well-child screening services.

TNAAP members, particularly Dr. Joel Bradley, have been involved in clarifying appropriate use of CPT codes both to provide accurate data about screening services and to support appropriate reimbursement of providers for screening services. TNAAP conducted focus groups with physicians, in accordance with the Consent Decree, to assess barriers to care and barriers to physician participation in TennCare.

TNAAP took a leadership role in a Medical Home Planning Project designed to educate providers and communities about implementation of the Medical Home concept. TNAAP leadership agreed to continue development of the age-specific, well child forms as a means of improving the quality of screening services provided under EPSDT and as a means of tracking these services more effectively. TNAAP has been involved in the EPSDT Workgroup, a collaboration of the MCOs and the TennCare Bureau under the leadership of Dr. Conrad Shackleford, to improve outreach and coordination in the provision of EPSDT services. TNAAP members have also played roles in recruiting some orthopedists into the TennCare networks and increasing communication with pediatric dentists. In addition to the activities listed above, TNAAP leaders meet monthly with Dr. Joseph McLaughlin and staff of the Children's Health Initiative and Dr.

Conrad Shackelford to coordinate activities and plan further projects. At year's end the contract with TNAAP was extended for another six months, through June 30, 2002.

4. **Children's Oral Health Planning Group.** Throughout the July-December period, a group of dentists, dental specialists, and state staff have met monthly to plan improvements in dental care for children. Planning has focused on three major thrusts to improve dental services for children: (a) creating a carve-out of dental services under TennCare to establish a single entity to manage dental benefits for TennCare enrolled children; (b) the Department of Health's provision of preventive services in public schools with a high proportion of low-income children; and (c) communication within organized dentistry to recruit dentists to participate in the provider network once the carve-out has been created.
5. **Centers of Excellence.** Negotiations to create Centers of Excellence (COEs) for Children in State Custody continued actively throughout the period of July-December, 2001. At year's end, a contract had been signed by Vanderbilt University Medical Center and by the Commissioner of Finance and Administration. (The contract was fully executed in January 2002.)

A contract with the University of Tennessee Boling Center was almost ready for signature at year's end. Prior to completion of the contracts, both Vanderbilt and the UT Boling Center had begun planning, recruitment of staff, and preliminary staff activities toward service provision, as well as meeting with DCS and health department staff to assess needs. These centers had also begun work on training materials to use with DCS staff, health department staff, primary care providers, and behavioral health care providers. Negotiations with East Tennessee State University were also in late stages with contract execution expected early in 2002.

Planning and negotiations with T. C. Thompson Children's Hospital in Chattanooga was progressing at year's end, with the hospital pursuing a contract with a Chattanooga child and adolescent psychiatrist to increase the Hospital's ability to serve as a COE for addressing complex mental health needs of children in custody. This arrangement had not yet been completed at year's end.

Planning with East Tennessee Children's Hospital (ETCH) was also pursued during the July-December period. ETCH was inactive in development of a COE for much of this period because of difficulty procuring pediatric subspecialists' participation in TennCare Select. At the end of the year, subspecialist participation in TennCare Select had been accomplished and ETCH was negotiating with Cherokee Mental Health Systems to create a COE with both health and mental health capabilities.

6. **EPSDT Steering Committee.** The EPSDT Steering Committee, under the leadership of Commissioner Mark Reynolds, continues to meet every other week to monitor progress and plans.
7. **EPSDT workgroup.** Dr. Conrad Shackelford, Interim Medical Director of TennCare, organized an EPSDT workgroup during this period. The workgroup, which meets monthly, includes MCO medical directors, other MCO representatives, EPSDT coordinators from the various plans, Quality Improvement representatives, and representatives of Public Health. The group has focused on some very specific issues such as EPSDT coding and has addressed problems such as assuring a smooth transition of pregnant women from health departments to private physicians when the delivery date is near. The group is working now on development of standardized Preventive Medicine Encounter Forms/EPSDT Well Child Visit Forms that will promote consistent collection of information during EPSDT screens. Members are also fostering dialogue and collaboration between the MCOs and the health departments regarding effective and efficient delivery of EPSDT services, and they are promoting collaboration among MCOs in the three grand divisions on joint projects such as marketing, focused studies, development of incentives for enrollees and providers, and improving tracking of children.
8. **Dental Benefits Manager project.** Dental benefits to be offered by TennCare will be "carved out" of the MCO benefit package, effective July 1, 2002. Dental services will be provided statewide through a Dental Benefits Manager contracted with the state on an administrative services basis. The contracted services will include establishment of a dental provider network, credentialing and contracting with providers, claims processing, adjudication and payment, outreach, marketing, customer service, and interface with the Bureau of TennCare personnel. Services under the contract will begin July 1, 2002 and extend for three years. Thereafter, the state plans to reprocure services on an at-risk basis.

Securing a contract for the statewide provision of dental benefits management services for TennCare members through a single contractor has been determined to be the most viable way to improve utilization of dental services by the population of TennCare members. By focusing the attention of a special contractor on this area, the state improves access to covered services and the state's compliance with the Consent Decree to increase dental screenings to 80% of eligible children by September, 2003. The most significant responsibility of the contractor will be to increase the number of dentists in the state's dental provider network and to develop a unified approach to enrollees that emphasizes outreach and marketing as mechanisms to significantly increase member access to dentists and utilization of services.

This contractor will also be asked to administer a separate dental benefit for purchase by TennCare Standard members when that program becomes available.

The procurement document has been drafted and is expected to be approved for publication by the beginning of February. Under the expected timetable, a notice of award is expected by the end of March. The procurement document has been drafted and is expected to be approved for publication by the beginning of February. Under the expected timetable, a notice of award is expected by the end of March.

9. **Provider payments.** The enhanced payments to health departments for performing EPSDT screens are mentioned in Section C. In addition to these payments, \$25 million in TennCare funds were paid out directly to over 3,000 TennCare participating physicians in December. Half of the total dollars was sent to primary care physicians, with the remainder being divided among specialty care physicians, including providers in cardiology, gastroenterology, general surgery, hematology/oncology, neurology/neurosurgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, pulmonology, and urology. These payments were not limited to payments for services to children, but obviously touched many providers of children's services.
10. **Help with provider "hassles."** One of the most frequent complaints of providers serving both children and adults has been the difficulty in verifying eligibility information when patients present for treatment. During the reporting period TennCare implemented a web-based eligibility system for providers. Doctors, hospitals, and other providers who have questions about enrollee eligibility can sign up for the service, which costs \$75 per year. They have unlimited access to TennCare information about enrollee eligibility, MCO/BHO assignments, Medicare information, and the availability of other insurance. This system, which has already received wide praise from providers, means that providers no longer have to wait on the telephone or rely on patients to get the eligibility information they need in order to bill for services delivered.

Other significant concerns of providers have also been addressed:

Uniform claims process. The variety and complexity of MCO billing mechanisms have long been a provider concern. The difficulty of getting paid has been mentioned as a major barrier to provider participation in the program. Beginning in September, the Department of Commerce and Insurance, TennCare Division, led a workgroup (composed of MCOs, provider representatives, and state agency staff) to develop standardized billing forms and procedures. This workgroup developed administrative

rules to effect a Uniform Claims Process for TennCare Program HMOs, BHOs, HMO/BHO claims processing contractors and the Consultec pharmacy care out claims processing. Public necessity rules were filed (and are effective) December 31, 2001 and will be effective until June 14, 2002, when permanent rules are expected to be in effect. This process is expected to simplify billing and payment for providers, making it easier to recruit and retain providers for EPSDT services.

Centralized credentialing. Each MCO has a different credentialing process. The sometimes-lengthy and complex credentialing process has been mentioned as a barrier to the recruitment of providers; a provider must complete a different set of forms for each MCO in whose network the provider participates. To simplify the system for providers, TennCare has undertaken to create a centralized credentialing process that will reduce the number of times a provider has to undergo credentialing in order to participate in TennCare. This will be done by creating one centralized provider of credentialing services and requiring each MCO to contract with that credentialing service. Thus, in the best possible scenario, a provider would only need to complete one set of credentialing forms. An RFP for a centralized credentialing organization (CVO) was published January 7, 2002, with a submission date of February 15, 2002. The contract is expected to be signed and implemented by May 1, 2002.

Provider relations improvements. TennCare has implemented a 15-day turnaround for enrolling new providers in TennCare. Currently 98% of provider enrollment applications are processed within the 15 day "window," and four additional positions have been approved for TennCare provider relations functions.

Improvement in the appeals process for TennCare members.

TennCare has outsourced the management of the medical appeals unit to a company that can ensure that due process is part of the culture of TennCare and afforded in a high quality way to all TennCare enrollees. A contract with Schaller-Anderson of Tennessee (SAT) was signed in March 2001, with work beginning in July. More information about SAT is contained in Attachment A. Thus far, SAT has installed new systems to implement more rapid processing of appeals, has analyzed appeals volume and type, has developed committees to address quality processes such as utilization review and quality assurance and is providing medical review to the appeals unit, TennCare Solutions.

B. Outreach

1. **Special MCO efforts.** Last summer the Bureau of TennCare identified every child who was not up-to-date on EPSDT screens. We mailed letters

to about 240,000 children urging their families to take them in for a checkup. Names of past-due enrollees who changed MCOs as of July 1, 2001, were sent to their new MCOs. The MCOs were asked to send letters to all their past due enrollees by the end of August 2001 and reported to the Quality Oversight unit that they had done so.

The Quality Oversight unit receives monthly outreach and tracking reports from each MCO. The MCO tracking report lists the number of children under 21 and the total number of children under 21 who are not currently up-to-date with their screenings, separated by the following age groups: birth through 11 months; 1-5 years; 6-14 years; and 15-20 years. The report also shows the number of children who have been outreached each month.

2. **Quarterly outreach monitoring.** A list of suggested methods and activities to be used by the MCOs to inform enrollees of the availability of EPSDT services was sent to the MCOs by the Quality Oversight unit. These include:

- Use of outreach representatives
- Public service announcements
- Community awareness programs
- Member services representatives
- Telephone contacts
- Face to face contacts
- New member letters
- Member newsletters
- Posters, flyers, and brochures
- Member handbooks
- Reminder cards
- Provider newsletters
- Visits to providers
- Provider manuals

Each quarter the MCOs report on the various activities they used for outreach. The most recent report (third quarter, 2001) showed most MCOs use most of the suggested methods and activities.

3. **Public awareness campaign.** Plans were completed for launching a public awareness campaign at the end of January 2002. We are printing over 500,000 posters and brochures to provide outreach to TennCare parents about EPSDT. The effort, which is called "Tennessee Caring for Kids," is a cooperative development of the Department of Health, TennCare and the Children's Health Initiative. In addition to the print materials, we have prepared television and radio public service announcements. All of the above materials are being prepared in Spanish as well as English. These will be introduced first in the Memphis market

before moving to Middle and East Tennessee. To complement the media effort, we have also enlisted a telephone calling firm to contact TennCare parents by phone and ask them if they are aware of the services available through EPSDT and to leave them with information about where to call for information on screening appointments, etc.

4. Public health outreach. The Department of Health has integrated personalized EPSDT outreach into its daily operations. Almost every health department encounter with a family that includes children serves as a springboard for one or more of the following outreach activities:

- If the health department encounters a family unit consisting of members under the age of 21 who are not currently on TennCare, the parent(s) are encouraged to apply for TennCare for their children. The parents are provided a TennCare application from the supply kept on hand for such purposes and are offered assistance in the preparation of the application. During the application process, the parent(s) are counseled on the benefits of EPSDT screenings for the good health of the child.
- If the health department encounters a family unit consisting of members under the age of 21 who are currently on TennCare, the parent(s) are counseled on the benefits of EPSDT screenings for the good health of the child. This occurs without regard to the reason that actually brought the family to the clinic (e.g., WIC, family planning, etc.).
- Personalized outreach, as described above, also occurs during TennCare reverification activities conducted at local health departments. During reverification, TennCare enrollees are not only asked to provide information regarding their eligibility, but are also counseled on TennCare appeal rights and EPSDT.
- Several health department regions have implemented a policy that when an individual under age 21 is seen in the clinic for any reason, the child is offered a screening during the visit to the clinic, if patient volume in the clinic at the time permits. If patient volume does not permit an immediate screening to occur, clinic staff will offer to make an appointment for the screening at a later date. If the parent expresses a preference for the screening to be performed by the child's primary care provider, health department staff will offer assistance in setting up the appointment with the primary care provider before the parent/child leaves the clinic.

C. Screening

1. **Updated screening information.** We have been conducting quarterly analyses of screening data. The most recent analysis indicates that four of the MCOs (John Deere, OmniCare, PHP, and TLC) have improved their screening rates since last year. The data for one MCO (Access MedPlus) dropped sharply, but the state ended its contract with this MCO in October 2000.

We have also identified areas where we were missing information in counting screens for the HCFA 416 report. As an example, the TennCare Information system had not been counting screens when a sick visit was billed at the same time, even though it is certainly possible for a provider to perform a screen during a sick visit under some circumstances. We also believe we have been missing many of the screens done for newborns, since that information may be reported under the mother's TennCare Identification Number. We are taking steps to correct these problems. One step was a clarification made to MCOs that they could not deny claims from providers for screens that also containing "modifier 25." (See Attachment B.)

2. **Updated medical record reviews.** The Quality Oversight unit has been conducting quarterly medical record reviews on a sample of TennCare patient records for the purpose of measuring progress and educating physicians and their office staff about the importance of documenting all seven components of EPSDT screens. Improvements have been seen in the West and East Regions of the state, but not in Middle Tennessee. A graph providing a regional comparison of the outcomes of medical record reviews in the past two years is provided in Attachment C.
3. **Public health screening activities.** In an effort to boost the number of screens being performed through the MCOs, the Bureau of TennCare entered into a \$4 million contract with the Department of Health to perform EPSDT screens. A provision was added to the 2001-2002 MCO contract requiring the MCOs to pay health departments at 85% of Medicare rates for EPSDT screens until such time as the MCO's screening rates showed dramatic improvement. During the past six months, health departments provided 14,251 EPSDT screens. They anticipate that these numbers will go higher in the months ahead as they continue to add staff.

Health departments have undertaken a variety of special activities to promote EPSDT. These include:

- The Regional Director in West Tennessee has developed what is referred to as a "missed opportunity" report, reviewing the records of TennCare children in for WIC or Immunizations who did not receive a

screening during the visit. The report is sent to the nursing supervisor in each county who must then pull the child's record and document the reason the screening was not done. This documentation is then sent back to the Regional Director for review. This activity has been very successful.

- The Mid-Cumberland Region is linking WIC and EPSDT. Sometimes only one month's WIC vouchers are issued and an appointment made for the EPSDT screening the next month when the mother returns for additional WIC vouchers.
 - The Northeast Region has established a system where, following the first EPSDT screening, children are being placed on PTBMIS tracking and will receive a letter or call when the next exam is due.
 - The Upper Cumberland Region is placing pamphlets in children's clothing stores, Goodwill, and Dollar General. Consignment stores are putting flyers into sales bags.
 - Some regions have developed brochures and conducted newspaper interviews to promote EPSDT.
 - The staff of many local health departments are meeting with private physicians to facilitate the coordination of EPSDT exams.
 - Patients in the Southeast Region indicate that they are receiving letters from MCOs encouraging them to make appointments for screenings.
 - Some regions report having regular meetings with MCOs, DCS and Head Start staff to promote screenings.
 - A representative of BlueCross is targeting the West Tennessee area, visiting clinic waiting areas and providing information for parents regarding EPSDT and playing games with the children. This activity is not a promotion for BlueCross, but rather, is a means to raise awareness of and the desire for screenings.
4. **DCS screening activities.** The latest figures from DCS showing their success in providing screenings to their children are included in Attachment D. Currently, when a child enters DCS custody, he or she is presumed to be eligible for TennCare regardless of status. DCS immediately notifies TennCare Select, who assigns the child to a BPN PCP. In addition, each DCS health unit nurse receives monthly lists of children whose EPSDT screens are due. The nurse reminds the case managers to make the appointment and follows through until each child is accounted for.

5. **New MCO contract provisions regarding EPSDT screenings.** To encourage significant improvement in EPSDT screening rates, financial incentives have been implemented with the MCOs. An MCO can earn as much as \$1.28 per member per month (or \$1,500,000 for an MCO with an average of 100,000 members over a 12 month period) for reaching various targets.

All provider agreements must include language that informs providers of the package of benefits that EPSDT offers and which requires providers to make treatment decisions based upon children's individual medical and behavioral health needs. In addition, MCOs are required to pay health departments at 85% of Medicare rates for performance of EPSDT screenings until such time as the MCO's screening rate improves significantly.

6. **Special pilot study.** TennCare worked with Blue Cross/Blue Shield to develop a pilot project to learn if financial incentives and standardized forms for providers would make a difference in the performance and documentation of all components of EPSDT screens by primary care providers. The initial phase of the project occurred in Region III and lasted about five weeks with four practices (pediatric and family practice) participating. Each participating PCP filed a claim for the EPSDT screening services, using the appropriate preventive medicine codes, and was paid at the regular BlueCare rates. However, \$10 bonus payments were made when the PCPs sent in "attestation forms" indicating that they had performed all of the required 7 components. Preliminary results indicated improvement in documentation, and modifications were made to the attestation form at the suggestion of the PCPs. Phase II was then initiated with 2 large practices containing a total of 9 PCPs and 4,800 BlueCare children. An analysis of the results yielded a 93% exam component completion rate and indicated that PCP practices respond to financial incentives to use standardized forms. This finding supports the recommendation of TNAAP and other groups that the Bureau collaborate on developing a standardized, triplicate NCR form. A subcommittee chaired by Dr. Iris Snider, a private pediatrician, is finalizing this form.

BCBST has moved forward with its own program to offer incentives to BlueCare and TennCare Select pediatric network providers (including those in the Best Practice Network), beginning on February 2, 2002. The new initiative is called "TN Caring for Kids" and will target children who meet the following criteria:

- Child is over two years of age;
- There is at least one prior EPSDT screen recorded in claims data;
- The child is now overdue for a periodic screen.

BCBST will forward two forms to the identified PCP of the above children. The first form will be the attestation form from the pilot study. The second form will be a scannable, two-page preventive visit form and will have on it printed demographic data on the member who is now overdue for his or her screen.

Office staff will be asked to check the medical record to determine if the member is still overdue for his or her screen. If a screen has been done, the practice will be asked to summarize the data on the attestation form and fax it to BCBST, who will, upon receipt, send a \$5 gift certificate to the practice. If the screen has not been done, then the staff is asked to contact the overdue member and schedule a screening exam. The practice will send in the two forms upon completion of the examination. BCBST will then send a gift certificate to the office staff as an incentive to conduct follow-up activities. BCBST will also contact overdue members at the same time as the office staff is conducting its outreach.

D. Diagnosis and Treatment

1. **Dental health initiative.** Recent studies conducted by the Tennessee Department of Health (TDH) reveal that indigent children in Tennessee are at highest risk for oral diseases and have less access to preventive dental services and dental care than more affluent children. In order for all children in Tennessee to benefit from preventive dental services, as well as improved access to dental care, the Tennessee Department of Health entered into a partnership with the Bureau of TennCare to begin implementation of two public health dental initiatives. The first initiative, entitled "**Dental Special Needs Project**," involves nonrecurring funding to support expansion and improvement of public health dental infrastructure in 22 counties. The second initiative, entitled "**School-Based Dental Prevention Project**," provides recurring funding for all regions to conduct statewide public health school-based oral disease prevention programs. Preventive services conducted in the school-based programs include dental screenings, referrals, dental sealants, TennCare oral evaluations, and dental outreach services for children attending public grade schools where 50 percent or more of the student population participates in the school lunch program. In addition to these initiatives TDH has provided funding for the purchase of three mobile dental clinics.

The current status of these two initiatives is as follows:

- **Dental Special Needs Project.** Special needs grants were awarded in 22 counties for new dental construction, renovation, and dental equipment purchases to modernize dental facilities in local health departments. Currently, four counties--Cannon, Cumberland, Monroe,

and Putnam--have completed additions, renovations, or upgrades. The remainder of special needs projects are at various stages, from finalizing architectural designs to completing construction.

- **School-Based Dental Prevention Project.** Funding through the contract supports the establishment of 102 new dental positions statewide for the school-based program including 51 positions for the rural regions and 51 positions for the metro regions. To date, 32 of the allotted positions have been filled in the rural regions and 30 have been filled in the metro regions. Approximately five of seven rural regions and four of six metro regions are still in the process of recruiting and training dental staff for the project. All of the regions are still in the process of ordering portable dental equipment and supplies necessary for supporting personnel hired to conduct school-based programs. After considerable delay associated with the competitive bid process, most of the equipment ordered in the rural regions is being delivered. Although all regions are not fully staffed and operational, limited service delivery has begun. All seven rural regions and three of the six metropolitan regions including Davidson, Knox, and Hamilton counties are delivering some school-based oral disease prevention services. The table presented in Attachment E provides cumulative figures covering the first six-month period from July through December.

2. **Mental health case management for custody children.** An amendment to the BHO's contract was put into place to transfer the responsibility of delivering mental health case management services to children in custody from DCS to the BHO. (This is not a new service, but rather a different service delivery point.)

Since placing this service with the BHO, it is estimated that over 200 custody children are receiving mental health case management services from BHO contracted providers. TennCare and DCS are currently re-evaluating the projected number of children potentially in need of this service.

3. **Update on new MCO contract specialist requirements.** The new MCO contract which went into effect on July 1, 2001, had some very specific new requirements for specialty networks. All MCOs are in compliance with the contract requirements for cardiologists, gastroenterologists, oncologists/hematologists, ophthalmologists, and urologists. Areas with identified specialty problems are:
 - **ENTs:** BHP and TennCare Select have no providers in Madison County. Universal, Xantus, and TennCare Select have no providers in Maury County.

- Neurologists: BHP and TennCare Select have no providers in Madison County.
 - Orthopedists: TennCare Select has no providers in Putnam and Cumberland Counties. Xantus has no provider in Maury County.
- Corrective action plans on the above deficiencies are due on Tuesday, February 5, 2002.

E. Oversight and Coordination of Care

1. **Children's Health Initiative.** The Children's Health Initiative (CHI) hired Mary Griffin in July 2001 to serve as Compliance Attorney for CHI, to focus on compliance with EPSDT requirements by all child-serving agencies of state government. An interagency agreement was established among the Bureau of TennCare, the Department of Children's Services, the Department of Health, the Division of Mental Retardation Services, and the Department of Mental Health and Developmental Disabilities on July 27, 2001. The interagency agreement gave CHI authority to resolve interagency disputes and to issue mandates when parties to the agreement are out of compliance with EPSDT requirements. The mandate requires compliance from state departments on specific EPSDT issues and, if not followed, results in direct communication with the Governor about the non-compliance.

CHI issued a mandate in September 2001 on provision of mental health case management services for children in state custody. In response to the mandate, the TennCare Bureau developed and completed an amendment to the contract with the BHO to provide these services. The BHO and DCS worked in October to December to implement this service.

The Compliance Attorney, Mary Griffin, has provided information and guidance to staff in several departments regarding compliance with court orders, federal EPSDT requirements, and interagency agreements. CHI monitors compliance with EPSDT by participating in the EPSDT Steering Committee, the EPSDT Workgroup, the Commissioners' EPSDT Task Force, and with a variety of problem-focused ad hoc working groups. Dr. Patti van Eys, Mental Health Services Coordinator for CHI, has provided consultation for Implementation Team cases throughout the July-December period. In addition, the CHI team has worked on a number of operational issues involving the Implementation Team. CHI staff are working on projects to carry out the following:

- improved availability of psychological assessment services for children;
- tracking systems for EPSDT services;
- provision of services for children who have mental retardation and mental health needs;

- a pilot project with the University of Tennessee in rural East Tennessee to bring in-home intensive services to children at risk of entering state custody;
- public awareness materials on EPSDT services ("Tennessee Caring for Kids") in collaboration with the TennCare Bureau, the Health Department, TNAAP, and the Bureau's contractor for this project; and
- work with the TennCare Bureau and a workgroup of dentists to develop a dental carve-out plan for children.

2. **Commissioner's EPSDT Task Force.** The Commissioner's EPSDT Task Force, chaired by Dr. Fredia Wadley, has been meeting monthly to discuss coordination issues among departments. Cases are discussed which represent issues requiring attention, such as the need for services for children with both mental health and mental retardation problems. There has been discussion about the importance of improved communication between mental health providers and the BHO so that the BHO will have a clearer understanding of what is needed for children. Other issues include: an integrated data system, development of increased dental capability, improvements in evaluations of children at risk of custody (particularly in the social histories), and "one-stop shopping" for TennCare eligibility determinations.

Among the outcomes of the Task Force are the following:

- TennCare requested and received a waiver of the moratorium on MR waiver services when a child with mental retardation is at risk of coming into custody.
- Plans are underway to have one-stop shopping for almost all TennCare eligibility determinations by July 2002.
- An evaluation of assessments and documentation of state psychiatric hospital evaluations of children has been done by the Children's Health Initiative staff and recommendations made.
- A committee has been established to clarify the role of the Implementation Team vis-à-vis the role of the TennCare Solutions Unit.
- A prototype of a data system for tracking children in custody is almost completed by the Department of Health. Two phases have already been completed: Phase I, pulling together and integrating data from the five state departments serving children, and Phase II, recording case managers from any of those departments providing these services. Phase III will enable providers to input and access health information about children in custody.

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- f. Dental services have been expanded in the Department of Health. (See Section C of this report.)
- g. The Department of Health in partnership with UT Memphis has obtained a grant for telehealth services. Equipment will be placed in all five of the DCS institutions and connected to Memphis for health, developmental, and mental health consults. Other uses of the system could include teleconferencing for training staff and connecting parents and children when in different regions of the state and travel is difficult. There will also be telehealth equipment used to do dental screenings as a way to expand our dental capacity. These can be done through live presentations or through a store-and-ship process where the dentist can read them at another time.

Issues still needing attention from the Task Force include the following:

- a. Children at risk of custody may need social evaluations that are more in depth than what the evaluating entity can provide.
 - b. Case management services need to be better coordinated.
 - c. Services are needed for a complete continuum of care, including step-down services for children with behavioral problems, services for mentally retarded children with behavioral problems, and services for children with co-occurring substance abuse and mental health problems.
 - d. There is a need for training more mental health providers through a Master's program for social workers, psychiatric nurse practitioner programs, and mental health training for primary care providers. Efforts have begun in all of these areas.
3. **EQRO reviews.** Reviews of MCOs and BHOs were conducted during the past year by Health Services Advisory Group, a contractor to the Bureau of TennCare charged with responsibility for evaluating the degree to which MCOs and BHOs are complying with the Quality Monitoring Plan outlined in their contracts with the state. This year a standard entitled "EPSDT Compliance" was added to the survey.

Unfortunately, the survey results of the MCOs with respect to EPSDT compliance were disappointing. All of them received indications that significant improvement is needed. The following actions have been taken by the MCOs and TennCare to correct their deficiencies:

- OmniCare added EPSDT screening forms to their website for easier access by providers. Provider Relations staff is educating providers about EPSDT documentation.
- John Deere provided EPSDT training at TMA insurance workshops. They identified the top providers with the highest number of children to target for additional education.
- PHP established an EPSDT task force of staff members from all company departments to discuss better strategies for outreach. They conduct ongoing training of providers that include chart review and distribution of tools for documenting EPSDT services.
- BlueCare conducted medical record reviews among its providers and required corrective action plans based on its findings. Initial education took place in the office to demonstrate appropriate documentation patterns.
- VHP conducted quarterly EPSDT record audits to identify areas for improvement and provided feedback to providers regarding the findings of their audits.
- TLC conducted workshops for providers and office staff on the importance of outreach, provision of services, and appropriate coding. Providers were moved from capitated payment arrangements to a fee-for-service basis to encourage increased provision of services and submission of encounter data.
- Xantus analyzed statistics from medical record reviews to educate provider offices about the ways that scores may be increased. They also plan to evaluate the deficiencies in their outreach activities and educate via mass communication routines.
- Advocate received no deficiencies at the annual EQRO survey regarding EPSDT.

The Quality Oversight unit is monitoring the implementation of these activities.

4. **Implementation Team.** The Implementation Team that was set up as a result of the Agreed Order of May 2000 has provided a vital new avenue to services for children who, but for these services, would likely enter custody. The cases referred to the Implementation Team are far more complicated and complex than was originally anticipated. Since many of these cases involve issues of family dynamics and coordination of care, a full-time social worker was added to the team.

The Implementation Team's role has expanded beyond that originally envisioned. The team now attempts to mediate among BHO representatives, families, providers, and court systems to develop appropriate resolutions. During the past 6 months, the IT has handled 67 referrals and written 5 Letters of Authorization for services denied by the BHO. The services authorized in these LOAs were as follows:

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- One letter for residential placement with mental retardation services with an individual support plan.
 - One letter for residential treatment in a secured setting.
 - Two letters for therapeutic foster home care.
 - One letter for continuation of residential treatment.
5. **TennCare and Children workgroup.** The TennCare and Children Workgroup met twice per month (2nd and 4th Wednesdays) during July to December, 2001, to bring child advocates and state staff together to address barriers to health care for children. At year 's end the focus of the group was on enrollment and reverification procedures. Plans were being made to present recommendations to TennCare leaders on this topic in early 2002. In addition, a subgroup of the TennCare and Children Workgroup was working to create a plan to track services for children under EPSDT.
6. **Monitoring plan for services to children in the TennCare Partners Program.** A plan was drafted by staff in TDMHDD and TennCare. (See Attachment F.) Data from 2000 will be used to test the plan and create a baseline for analysis. The first run should be completed in the last week of January 2002.
7. **Best Practice Guidelines.** Dr. Larry Faust has completed the content of the Best Practice Guidelines for physical health. He is consulting with the Office of General Counsel to obtain appropriate permissions to use printed materials prepared by other entities or individuals. He has already received written permission from the AAP to use certain documents. The Best Practice Guidelines for mental health services have been drafted by Dr. Regan at TDMHDD and will be reviewed by the Steering Panel at its next meeting.
8. **Best Practice Networks.** TennCare Select has established a Best Practice Network of community pediatricians and family practice physicians who have agreed to provide care timely and to manage all health care including coordination of referrals for needed assessments or subspecialty care and serve as an advocate for children in custody to assure they get appropriate care. BPN physicians have agreed to the following:
- Provide EPSDT screenings timely;
 - Provide not only basic health care services, but also care coordination of all the health care services of children in custody;
 - Refer to physical health and behavioral health professionals in the Best Practice Network for specialty care; refer to the Tertiary Pediatric Center/Center of Excellence for Children in, or at risk, of state custody; coordinate referrals when indicated with MCO/BHO;
 - Request telephone consultations with the COEs when indicated;

- Communicate with caregivers on plan of care;
- Maintain all health information on children assigned to them, regardless of who provides the care;
- Report to DCS health unit any time health information on a child is not forwarded in a timely manner to allow for appropriate evaluation and care;
- Forward medical files to newly assigned PCP and provide an initial consult when child is being transferred to a new geographical area or new MCO;
- Share health information with DCS and foster parents within confidentiality guidelines;
- Forward pertinent information to providers seeing child on referral;
- Utilize (and document usage) of Best Practice Guidelines for care when developed and adopted by the Steering Panel and Executive Oversight Committee. Document rationale for variation from Best Practice guidelines;
- Review information provided by state or MCO/BHO on caring for children in State custody;
- Participate in the evaluation of system and outcomes through representation on the CSHN Steering Panel;
- Participate in the MCO/BHO selected for children in custody;
- Participate in training related to health problems of children in custody or Best Practice Guidelines;
- Develop health treatment plans and incorporate all treatment needs of the children they see;
- Maintenance of all health information on children including behavioral health;
- Coordinate health services and request assistance from DCS case manager in following up and assuring plan of care is implemented;. and
- Notify DCS when the BPN Provider feels more intense case management is needed by DCS.

In addition, a Best Practice Network of dentists has been established to provide screenings to children in or at prolonged risk of state custody over three years of age and also provide any care that is needed within their scope of practice and competency.

9. **CPORT reviews.** TennCare has been meeting with staff of the Tennessee Commission on Children and Youth to monitor its findings on its CPORT reviews. TCCY has reported the following findings:

- Adequate psychological assessments were requested for children in the Northwest Region, but were not consistently requested for children in the Knox County, East Tennessee, Mid Cumberland, and South Central Regions;

- Start-up problems with TennCare Select were reported in the South Central, Davidson, and Knox County Regions;
- Substantial services were being provided to prevent children from going into custody in the East Tennessee, Northwest, and Mid Cumberland Regions; although the services in the South Central Region were adequate, the amount or level of services was less than in the other areas reviewed;
- Coordination of services was noted as an issue in the East Tennessee, Mid Cumberland, and South Central Regions, but not in the Northwest Region;
- Adequate dental services for children was an issue in the East Tennessee and South Central Regions.

Recognizing that TCCY does not wish to divulge the names of children who are having problems, TennCare has asked them for more detail as to the cause of the problems they report. (Example: If a child did not get a screen, was it because no one called for an appointment? Was it because no provider could be found to treat him? The answers to such questions would suggest very different interventions.) Such a strategy will enable TennCare to be more effective in solving problems without compromising the confidentiality of the CPORT process.

10. **OCDC monitoring of MCOs and BHOs.** A report showing the monitoring activities of the Office of Contract Development and Compliance at TennCare is provided in Attachment G. During the period from July 1, 2001, through December 31, 2001, five directives were issued for EPSDT services.
11. **Semiannual review of appeals.** See Attachment A.
12. **University of Tennessee study.** The Bureau of TennCare contracted with the University of Tennessee's Children's Mental Health Services Research Center (CMHSRC) for two research contracts to provide more information on the questions raised in Paragraph 73 of the Consent Decree. The studies will accomplish the following objectives:
 - Identify family, environmental, and behavioral factors that contribute to children being placed in custody; and
 - Determine the impact of TennCare behavioral services on children at risk of custody.

Effective in August 2001, CMHSRC staff began recruiting and following children and families coming into juvenile courts in over 16 counties in East Tennessee. Effective in November 2001, they began a similar project in Shelby County, with participants being recruited in that juvenile court and in downtown "crisis facilities."

To date, the East Tennessee staff has gathered baseline data on over 630 children and their families. Of these, 72% are enrolled in TennCare.

Demographics on study children to date are as follows:

- 63% male, 37% female;
- 73% Caucasian, 22% African American, and 4% other groups.

In Shelby County, baseline data has been collected on over 100 children and their families. Of these, 88% are enrolled in TennCare. Study demographics to date are as follows:

- 74% male, 26% female;
- 90% African American, 9% Caucasian, and 1% other groups.

At this time the study is expected to be completed by February 2003.

13. **New MCO contract provision regarding EPSDT focused studies.** The most recent MCO contract requires each MCO to conduct an EPSDT focused study that looks at some aspect of treatment. The following studies are underway:

- BlueCare, PHP, and John Deere are combining their efforts to study children in East Tennessee aged 5-9 years old who have been diagnosed with asthma. They will examine the percentage who receive treatment with anti-inflammatory medications and determine the impact on emergency room use, inpatient stays, and outpatient visits for asthma treatment.
- Xantus is doing the same asthma study described above, but in Middle Tennessee.
- BHP, TLC, and OmniCare are studying the management of iron deficiency anemia in children 1-2 years old who have been diagnosed with anemia.
- VHP is studying treatment intervention data for 5 year old children with visual acuity problems.
- Universal is looking at the rate of completion of referral services for children from birth to 20 years old for treatment of vision and hearing deficiencies.

14. **BHO member satisfaction survey.** Premier and TBH conducted a member satisfaction survey during the spring and summer of 2001. The sample was drawn from all members who received a service between July 1, 2001, and December 31, 2001. For the first time the survey included child-specific items addressing coordination of care that were adopted from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and developed using input from the Tennessee Justice Center and Tennessee Voices for Children.

Results included the following:

- When asked if they had been involved in the planning process for their children's care in a meaningful way, 78% of the parents of SED children in Premier answered in the affirmative, as did 85% of the parents of SED children in TBH. (The corresponding percentages for non-SED children were 86% for Premier and 82% for TBH.)
- When asked if their children had been involved in the planning process of their care in a meaningful way, 78% of the parents of SED children in Premier answered in the affirmative, as did 82% of the parents of SED children in TBH. (The corresponding percentages for non-SED children were 78% for Premier and 76% for TBH.)
- When asked if they were satisfied with the coordination of their children's services, 80% of the parents of SED children in Premier answered in the affirmative, as did 76% of the parents of SED children in TBH. (The corresponding percentages for non-SED children were 86% for Premier and 74% for TBH.)

Attachments

Attachment A

Semiannual Analysis of Appeals

TennCare Solutions Unit

EPSD&T Semi-annual Report

July 1, 2001 – December 31, 2001

The TennCare Solutions Unit (TSU) is the appeal resolution unit for TennCare. During the six months covered by this report, the unit has undergone significant changes. These changes are intended to create better efficiencies, produce more informative reports and support the unit in its medical decisions regarding appeals.

Schaller – Anderson of Tennessee, Inc. (SAT) and the TSU worked jointly to implement a new appeals tracking system called ProLaw. The TSU implemented ProLaw for all new cases effective November (pharmacy, BHO and certain other categories) and December, 2001 (all remaining categories of appeals). It combines all appeal types into one data base and is able to track appeals throughout the entire span of activity related to the appeal (from inception through Administrative Law Judge (ALJ) ruling and compliance. Caveats to the attached data are that there are pharmacy appeals missing from the 4th quarter totals. TSU had difficulties with the old data entry system and the appeals (although completed) have not been fully entered into the system. This is currently taking place and an updated report can be provided when the data is fully loaded. The second caveat is that ProLaw has allowed for more detailed definitions of appeal types. Thus it will be easier in the future to identify systemic issues in the database. This report is a compilation of data from the two databases. As enrollment in the plans is subject to change, in the next report, the numbers of appeal and types of appeal will be compared on a rate per 1000 enrollees to allow comparison among plans and with individual plans over time.

The attached reports provide data on child related appeals activity during the 3rd and 4th quarter and are specific to type of appeal, appeal totals per MCO/BHO and geographic area. These reports have only recently been created due to ProLaw's implementation.

SYSTEMIC ISSUES

Systemic issues are identified both through the use of reports and by observation/investigation by the appeals staff. The following represent issues identified during the previous six months.

- Prior to their start and at several intervals since, designated TennCare staff have met with the two new MCOs to review appeal activity, provide appeal training and make recommendations on compliance issues. Systemic issues identified included incomplete, or inappropriate responses and incomplete compliance with the terms of the Grier Consent Decree template letters and EPSD&T rulings.
- Appropriate TennCare staff have had group meetings with representatives from all the MCOs and individual meetings with all (accompanied by SAT medical director) to foster better compliance with all appeal issues.

- TSU and SAT staff identified an increase in the number of dental appeal cases being received. Upon further review, it was determined that Universal Care was experiencing a large increase in the 4th quarter in EPSD&T related dental appeals. TSU and SAT staff addressed these issues directly with Universal medical/dental staff to effect a resolution.
- In 4th quarter, 2001, the TSU received a copy of a letter mailed to an enrollee by Omni Care. The letter indicated there was a requirement for advance payment, by the member, for dental services for a child. The TennCare representative from the plan was immediately given a copy of the letter and a copy was also forwarded to the TennCare Contract Compliance office (OCDC). The issue is currently being tracked.
- An analysis of pharmacy data revealed Claritin as the most often appealed item for children. This and other pharmacy issues (appealing for drugs when the script was filled in its entirety, etc) have been shared with the Tennessee Pharmacy Association as well as all of the MCO/BHOs in an attempt to address changes to reduce the volume of appeals.
- Key TSU staff meet twice weekly with representatives from OGC and OCDC to review difficult cases and discuss identified systemic appeal issues. Any TennCare and / or MCO staff person can recommend a case for review.
- Access...MedPLUS enrollees were moved to TennCare Select on 10/20/01 accounting for the overall increase in the number of Select appeals. TennCare staff monitor these totals weekly.

SUMMARY OF REPORTS

- 1. Total Appeals for Enrollees Under Age 21 by Plan.**
Details number of appeals by plan for each of the six months.
- 2. Summary of Total Appeals for Enrollees Under Age 21 by Plan**
A one page summary of report # 1
- 3. Total Appeals for Enrollees Under Age 21 by Service Type/Plan**
Details the number of appeals received by each plan by type of service for each of the six months. ProLaw allows for a more detailed explanation. For example "access to services" has been subdivided and in the next report more detailed information about access issues will be available.

4. **Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan**
A summary of report # 3
5. **Total Appeals by Enrollees Under Age 21 by County / Plan**
Details number of appeals received for each plan by enrollee county of residence for each of the six months. This report will assist in the identification of systemic issues in a particular county. In the future this report will be compared to TennCare enrollment by county.
6. **Summary of Total Appeals for Enrollees Under Age 21 by County / Plan**
A summary of report # 5
7. **Total Appeals for Enrollees Under Age 21 by Service Type / County**
Details types of appeals by county for each of the six months. In the future this report will assist in the identification of "at risk" counties for identified services. If the number of appeals for a particular service has an unexplained increase, notification will be made to other areas of TennCare for further investigation.
8. **Summary for Type Service by month**
A summary of report # 7

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Total Appeals for Enrollees Under Age 21 by Plan

July 2001 - December 2001

<i>Month</i>	<i>MCC</i>	<i>Count</i>
July 2001		
	<i>Access Med Plus</i>	281
	<i>BC/BS</i>	254
	<i>Better Health</i>	68
	<i>John Deere/Heritage</i>	45
	<i>Memphis TLC</i>	109
	<i>Omni-Care</i>	90
	<i>PHP</i>	75
	<i>Premier</i>	65
	<i>TBH</i>	7
	<i>TC Select</i>	387
	<i>Universal</i>	236
	<i>VHP/Vanderbilt</i>	43
	<i>Xantus</i>	232
		1892
August 2001		
	<i>Access Med Plus</i>	278
	<i>BC/BS</i>	294
	<i>Better Health</i>	70
	<i>John Deere/Heritage</i>	55
	<i>Memphis TLC</i>	106
	<i>Omni-Care</i>	85
	<i>PHP</i>	73
	<i>Premier</i>	63
	<i>TBH</i>	13
	<i>TC Select</i>	271
	<i>Universal</i>	202

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>MCC</i>	<i>Count</i>
	<i>VHP/Vanderbilt</i>	24
	<i>Xantus</i>	171
		1705

September 2001

<i>Access Med Plus</i>	119
<i>BC/BS</i>	105
<i>Better Health</i>	46
<i>John Deere/Heritage</i>	14
<i>Memphis TLC</i>	73
<i>Omni-Care</i>	47
<i>PHP</i>	42
<i>Premier</i>	74
<i>TBH</i>	8
<i>TC Select</i>	135
<i>Universal</i>	111
<i>VHP/Vanderbilt</i>	9
<i>Xantus</i>	78
	861

October 2001

<i>Access Med Plus</i>	85
<i>BC/BS</i>	109
<i>Better Health</i>	41
<i>John Deere/Heritage</i>	33
<i>Memphis TLC</i>	56
<i>Omni-Care</i>	43
<i>PHP</i>	92
<i>Premier</i>	83
<i>TBH</i>	13
<i>TC Select</i>	226
<i>Universal</i>	181
<i>VHP/Vanderbilt</i>	21

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>MCC</i>	<i>Count</i>
	<i>Xantus</i>	115
		1098
November 2001		
	<i>BC/BS</i>	424
	<i>Better Health</i>	61
	<i>John Deere/Heritage</i>	75
	<i>Memphis TLC</i>	142
	<i>Omni-Care</i>	123
	<i>PHP</i>	144
	<i>Premier</i>	60
	<i>TBH</i>	8
	<i>TC Select</i>	662
	<i>Universal</i>	266
	<i>Unknown</i>	1
	<i>VHP/Vanderbilt</i>	25
	<i>Xantus</i>	136
		2127
December 2001		
	<i>Access Med Plus</i>	29
	<i>BC/BS</i>	366
	<i>Better Health</i>	63
	<i>John Deere/Heritage</i>	55
	<i>Memphis TLC</i>	138
	<i>Omni-Care</i>	115
	<i>PHP</i>	132
	<i>Premier</i>	60
	<i>TBH</i>	7
	<i>TC Select</i>	402
	<i>Universal</i>	230
	<i>Unknown</i>	2
	<i>VHP/Vanderbilt</i>	26

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>MCC</i>	<i>Count</i>
	<i>Xantus</i>	133
		1758
		9441

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

Summary of Total Appeals for Enrollees Under Age 21 by Plan
July 2001 - December 2001

Received Date	Total	Access Med Plus	BC/BS	Better Health	Deers/ Heritage	John TLC	Memphis Care	PHIP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
July	1892	281	254	68	45	109	90	75	65	7	387	236	0	43	232
August	1705	278	294	70	55	106	85	73	63	13	271	202	0	24	171
September	861	119	105	46	14	73	47	42	74	8	135	111	0	9	78
October	1098	85	109	41	33	56	43	92	83	13	226	181	0	21	115
November	2127	0	424	61	75	142	123	144	60	8	662	266	1	25	136
December	1758	29	368	63	55	138	115	132	60	7	402	230	2	26	133
Totals:	9441	792	1552	349	277	624	503	558	405	56	2083	1226	3	148	865

1/30/2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

July 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnih Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
A&D ASSESSMENT	1									1				
A&D-INPATIENT- CHILD	1									1				
ACCESS TO SERVICES	629	127	30	20	19	35	37	18			241	31	23	48
DENTAL	14	3		1	1	1					3	4		1
DME	9			2	2			1			2	1		1
EMERGENCY SERVICES	1								1					
EPSDT	2										2			
HOME HEALTH	2										1			1
METHADONE TREATMENT	1									1				
MH-INPATIENT- CHILD	1								1					
MH-OUTPATIENT- CHILD	5								5					
MOVE/PARENTS REQ.	1									1				
OTHER	58	9	3	1	11	4	2	6	3		7	1	2	9
PHARMACY	1077	138	216	41	10	65	48	49	5		121	199	18	167

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal VHP/Vanderbilt	Xantus
PHYSICAL THERAPY	2					1				1		
PHYSICIAN	23	4	4	1	2	2				5		5
PROCEDURE	10		1	1		1	2	1		4		
PSY. EVALUATION	2											
RESIDENTIAL TREATMENT-CHILD	15											
RESIDENTIAL TX LEV 2	3								2			
RESIDENTIAL TX LEV 2 A&D	4								9	6		
RESIDENTIAL TX LEV 3	7								3			
RESIDENTIAL TX LEV 3 SEX OFNDR	3								4			
RESIDENTIAL TX LEV 4	1								7			
SPEECH THERAPY	2			1			1					
THERA FOSTER CARE LEVEL II	1											
UNKNOWN	17								17			

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

August 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omini- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xan
A&D ASSESSMENT	2								2					
A&D-INPATIENT- CHILD	1								1					
ACCESS TO SERVICES	401	101	12	35	21	22	24	2			131	13	8	32
DENTAL	20	4				2	2	2			3	5	2	
DME	18		3	3		2					8	2		
ELIGIBILITY	1								1					
EMERGENCY SERVICES	3								2	1				
EPSDT	3										3			
HOME HEALTH	4	3									1			
MED. EVALUATION	1								1					
MH-INPATIENT- CHILD	8								4	4				
MH-OUTPATIENT- CHILD	3								3					
MOVE/PARENTS REQ.	1								1					
OTHER	27	3	1		10	1		4	2		1	2	1	2

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xanthus
PHARMACY	1121	155	264	31	24	76	58	65	4		120	178	11	135
PHYSICIAN	27	10	11	1							3			2
PROCEDURE	3		1				1					1		
PSY. EVALUATION	1								1					
RESIDENTIAL TREATMENT-CHILD	14								9	5				
RESIDENTIAL TX LEV 2	6								6					
RESIDENTIAL TX LEV 2 A&D	5								5					
RESIDENTIAL TX LEV 3	2								2					
RESIDENTIAL TX LEV 3 SEX OFNDR	1								1					
SPEECH THERAPY	3		2			1								
THERA FOSTER CARE LEVEL I	1								1					
THERA FOSTER CARE LEVEL II	1								1					
UNKNOWN	19								16	3				
VISION	8	2				2					1	1	2	

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

September 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnil-Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
A&D ASSESSMENT	2								2				
ACCESS TO SERVICES	247	63	8	23	3	13	18	4		77	10	4	24
DENTAL	39	7	2			2				3	23		2
DME	10		1			1				5	1	1	1
HOME HEALTH	5	1								3	1		
INDEPENDENT LIVING	1							1					
MH-INPATIENT-CHILD	5							5					
MH-OUTPATIENT-CHILD	5							5					
NUTRITIONAL	1		1										
OTHER	22				5	1		2	11	1	1		1
PHARMACY	453	45	89	23	6	56	29	35	2	41	75	3	49
PHYSICIAN	9	2	2							3		1	1
PROCEDURE	3		1					1		1			
PSY. EVALUATION	2								2				
RESIDENTIAL TREATMENT-CHILD	14								9	5			

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnli- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
RESIDENTIAL TX LEV 1	4							4					
RESIDENTIAL TX LEV 2	7							6	1				
RESIDENTIAL TX LEV 2 A&D	3							3					
RESIDENTIAL TX LEV 3	6							5	1				
RESIDENTIAL TX LEV 3 SEX OFNDR	3							3					
RESIDENTIAL TX LEV 4	2							2					
STEP-DOWN REQ. ^{ss}	2							2					
THERA FOSTER CARE LEVEL I	5							5					
TRANSPORTATION	2									1	1		
UNKNOWN	8		1					7					
VISION	1	1											

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

October 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	OmnI-Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
A&D-PARTIAL HOSPITAL-CHILD	1											1		
ACCESS TO SERVICES	339	37	16	33	8	20	13	5			156	15	4	32
DENTAL	56	3	5	1		9		1			12	22		3
DME	15	1	1		1	1					10			1
HOME HEALTH	1		1											
HOSPITAL-INPATIENT	1										1			
MH - RESPITE	1								1					
MH-INPATIENT-ADULT	1								1					
MH-INPATIENT-CHILD	7								5	2				
MH-OUTPATIENT-CHILD	2								1	1				
NUTRITIONAL	3		2											1
OTHER	39		1		7	1		8	12	1		2	6	1
PHARMACY	533	43	76	5	17	24	30	76	7	1	38	133	10	73
PHYSICAL THERAPY	4			2							2			
PHYSICIAN	13	1	6								2	1		3

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan
 July 2001 -- December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnih-Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
PROCEDURE	6					1		1			3			1
PSY. EVALUATION	4								4					
QUALITY	1										1			
RESIDENTIAL TREATMENT-CHILD	10								3	6	1			
RESIDENTIAL TX LEV 1	1								1					
RESIDENTIAL TX LEV 2	9								9					
RESIDENTIAL TX LEV 2 A&D	1								1					
RESIDENTIAL TX LEV 3	8								7	1				
RESIDENTIAL TX LEV 4	4								4					
SPEECH THERAPY	7											7		
STEP-DOWN REQ.	1								1					
THERA FOSTER CARE LEVEL I	2								1	1				
THERA FOSTER CARE LEVEL II	2								2					
THERA FOSTER CARE LEVEL III	2								2					
UNKNOWN	21								21					

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan

July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omini- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
VISION	3		1					1					1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

November 2001

Type Service	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
ACCESS TO SERVICES	259	11	33	6	10	29	9			114	13		7	27
DCS - RESIDENTIAL TX LEVEL 2	11							9		2				
DCS - RESIDENTIAL TX LEVEL 2 A&D	4							4						
DCS - RESIDENTIAL TX LEVEL 3	3							2		1				
DCS - THERA FOSTER CARE LEVEL II	1									1				
DENTAL	59	2			2					10	45			
DME	12	1	1		1		1			8				
DME-PERSONAL CARE ITEMS	1							1						
HOME HEALTH	3	1								2				
MH - INPATIENT ACCESS - ADULT	2	1						1						
MH - INPATIENT ACCESS - CHILD	3							1	2					
MH - INPATIENT CONTINUATION - CHILD	4							4						
MH - METHADONE TREATMENT	2							2						

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
MH - OUTPATIENT ACCESS - CHILD	1							1						
MH - RESIDENTIAL TREATMENT - ADULT	2							2						
MH - RESIDENTIAL TREATMENT - CHILD	10							5	2	3				
MH-INPATIENT-CHILD	1									1				
MR - DAY HABILITATION	1								1					
MR - PERSONAL ASSISTANCE	1							1						
NUTRITIONAL	1										1			
OTHER	13			3		2	2			1			4	1
OTHER PROVIDER	3							2		1				
PHARMACY	1615	396	26	64	121	90	123	6		492	184	1	14	98
PHYSICIAN	10	5								4				1
PROCEDURE	3				2					1				
QUALITY	1		1											
REHABILITATION	1													1
SPEECH THERAPY	1													1
TRANSPORTATION	1							1						

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnit Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
UNKNOWN	92	7		2	6	2	9	18	3	20	19			6
VISION	6									1	4			1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan

July 2001 – December 2001

December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantu
A&D INPATIENT - CHILD	1								1						
DCS - PSYCHIATRIC EVALUATION	1								1						
DCS - RESIDENTIAL TX LEVEL 2	6								5	1					
DCS - RESIDENTIAL TX LEVEL 2 A&D	4								4						
DCS - RESIDENTIAL TX LEVEL 3	5								5						
DCS - RESIDENTIAL TX LEVEL 3 DUAL D	1								1						
DCS - RESIDENTIAL TX LEVEL 3 SEX OFNDR	1								1						
DCS - THERA FOSTER CARE LEVEL II	1								1						
DENTAL - ORAL SURGERY	5										4	1			
DENTAL - ORTHODONTIA (BRACES)	6										2	4			

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
DME-DIABETIC SUPPLIES	1										1				
DME-ORTHO SUPPLIES	1		1												
DME-PERSONAL CARE ITEMS	4										4				
DME- RESP/CARDIO- PULM SUPPLIES	1										1				
EAR, NOSE & THROAT	1										1				
EMERGENCY SERVICES	2		1						1						
HOME HEALTH	1										1				
MH - INPATIENT ACCESS - CHILD	2								2						
MH - INPATIENT CONTINUATION - CHILD	6								5	1					
MH - METHADONE TREATMENT	2									2					
MH - OUTPATIENT ACCESS - CHILD	1								1						
MH - OUTPATIENT REIMB/BILLING	1								1						
MH - PSYCHOLOGICAL TESTING	1								1						

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
MH - RESIDENTIAL TREATMENT - CHILD	3								2	1					
MR - NURSING SERVICES	1								1						
NURSING SERVICES	1										1				
NUTRITIONAL SERVICES	2										1	1			
OBGYN	1										1				
ORTHOPEDICS	1											1			
OTHER PROVIDER	45								2		42				1
PCP IN-NETWORK	4										3				1
PCP OUT-OF- NETWORK	2										2				
PHARMACY	1240	1	313	36	35	104	72	108	8		287	187		6	83
PHYSICIAN	1		1												
PSYCHIATRY	1									1					
TRANSPORTATIO N	2								1		1				
UNKNOWN	397	28	50	27	20	34	43	24	16	1	49	35	2	20	48
UROLOGY	1										1				

Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 - December 2001

Type Service	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
VISION - MEDICAL EYE CARE	1											1			

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan

July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
A&D ASSESSMENT	5								5						
A&D INPATIENT - CHILD	1								1						
A&D-INPATIENT- CHILD	2								2						
A&D-PARTIAL HOSPITAL-CHILD	1											1			
ACCESS TO SERVICES	1875	328	77	144	57	100	121	38			719	82		46	163
DCS - PSYCHIATRIC EVALUATION	1								1						
DCS - RESIDENTIAL TX LEVEL 2	17								14	1	2				
DCS - RESIDENTIAL TX LEVEL 2 A&D	8								8						
DCS - RESIDENTIAL TX LEVEL 3	8								7		1				
DCS - RESIDENTIAL TX LEVEL 3 DUAL D	1								1						
DCS - RESIDENTIAL TX LEVEL 3 SEX OFNDR	1								1						
DCS - THERA FOSTER CARE	2								1		1				

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS Health	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
LEVEL II															
DENTAL	188	17	9	2	1	16	2	3			31	99		2	6
DENTAL - ORAL SURGERY	5										4	1			
DENTAL - ORTHODONTIA (BRACES)	6										2	4			
DME	64	1	6	6	3	5		2			33	4		1	3
DME-DIABETIC SUPPLIES	1										1				
DME-ORTHO SUPPLIES	1		1												
DME-PERSONAL CARE ITEMS	5								1		4				
DME- RESP/CARDIO- PULM SUPPLIES	1										1				
EAR, NOSE & THROAT	1										1				
ELIGIBILITY	1								1						
EMERGENCY SERVICES	6		1						4	1					
EPSDT	5										5				
HOME HEALTH	16	4	2								8	1			1
HOSPITAL- INPATIENT	1										1				

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan
July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
INDEPENDENT LIVING	1								1						
MED. EVALUATION	1								1						
METHADONE TREATMENT	1									1					
MH - INPATIENT ACCESS - ADULT	2		1						1						
MH - INPATIENT ACCESS - CHILD	5								3	2					
MH - INPATIENT CONTINUATION - CHILD	10								9	1					
MH - METHADONE TREATMENT	4								2	2					
MH - OUTPATIENT ACCESS - CHILD	2								2						
MH - OUTPATIENT REIMB/BILLING	1								1						
MH - PSYCHOLOGICAL TESTING	1								1						
MH - RESIDENTIAL TREATMENT - ADULT	2								2						
MH - RESIDENTIAL TREATMENT - CHILD	13								7	3	3				
MH - RESPITE	1								1						

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan

July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
MH-INPATIENT- ADULT	1							1						
MH-INPATIENT- CHILD	22							15	6	1				
MH-OUTPATIENT- CHILD	15							14	1					
MOVE/PARENTS REQ.	2							2						
MR - DAY HABILITATION	1								1					
MR - NURSING SERVICES	1							1						
MR - PERSONAL ASSISTANCE	1							1						
NURSING SERVICES	1									1				
NUTRITIONAL	5		3								1			1
NUTRITIONAL SERVICES	2									1	1			
OBGYN	1									1				
ORTHOPEDICS	1										1			
OTHER	159	12	5	1	36	7	4	22	28	10	5		13	14
OTHER PROVIDER	48								4	43				1
PCP IN-NETWORK	4									3				1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan
July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
PCP OUT-OF- NETWORK	2										2				
PHARMACY	6039	382	1354	162	156	446	327	456	32	1	1089	856	1	62	605
PHYSICAL THERAPY	6			2		1					3				
PHYSICIAN	83	17	29	2	2	2					17	1		1	12
PROCEDURE	25		3	1		4	3	3			9	1		1	
PSY. EVALUATION	9								9						
PSYCHIATRY	1									1					
QUALITY	2			1							1				
REHABILITATION	1														1
RESIDENTIAL TREATMENT- CHILD	53								30	22	1				
RESIDENTIAL TX LEV 1	5								5						
RESIDENTIAL TX LEV 2	25								24	1					
RESIDENTIAL TX LEV 2 A&D	13								13						
RESIDENTIAL TX LEV 3	23								21	2					
RESIDENTIAL TX LEV 3 SEX OFNDR	7								7						

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by Service Type/Plan
 July 2001 – December 2001

Type Service	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/ Vanderbilt	Xantus
RESIDENTIAL TX LEV 4	7								7						
SPEECH THERAPY	13		2	1		1	1					7			1
STEP-DOWN REQ.	3								3						
THERA FOSTER CARE LEVEL I	8								7	1					
THERA FOSTER CARE LEVEL II	4								4						
THERA FOSTER CARE LEVEL III	2								2						
TRANSPORTATION	5								2		2	1			
UNKNOWN	554	28	58	27	22	40	45	33	95	7	69	54	2	20	54
UROLOGY	1										1				
VISION	18	3	1			2		1			2	5		2	2
VISION - MEDICAL EYE CARE	1											1			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

July 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
ANDERSON	27	1	2					8			16			
BEDFORD	11	1									4	1		5
BENTON	12			4		7	1							
BLOUNT	12		6					2	2		2			
BRADLEY	21	7	9					1			3		1	
CAMPBELL	11	1	3					2	1		4			
CANNON	7		1								3	1		2
CARROLL	9	1		4		1	1				2			
CARTER	21	1	14					1			5			
CHEATHAM	15	2										10		3
CHESTER	1					1								
CLAIBORNE	21	4	4		2			5			6			
CLAY	5											4		1
COCKE	12	4	2		2			1			3			
COFFEE	21	1							2		1	14		3

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by County/Plan
 July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
CROCKETT	6	1		1		2	1				1			
CUMBERLAND	17	2				1		1			3	3		7
DAVIDSON	181	35	3			2			5		37	31	35	33
DECATUR	10	1		5		2	1				1			
DEKALB	9	1									1	1		6
DICKSON	18	2									2	10		4
DYER	21	1		9		5	2		1		3			
FAYETTE	7	1		1		3					2			
FENTRESS	7										2	1		4
FRANKLIN	17	1	4		6				1		4	1		
GIBSON	18	1		4		5	2		3		3			
GILES	5	1									1	3		
GRAINGER	5	1	1					1	1		1			
GREEN	12	1	1		2			2	3		2		1	
GRUNDY	8	1	1		2						3		1	
HAMBLEN	18	3	6		2			1	1		5			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
HAMILTON	88	19	41			5		1	3	15	1		3
HANCOCK	7	1	6										
HARDEMAN	4			1		2				1			
HARDIN	7	2		1		2	2						
HAWKINS	16	2	10						1	3			
HAYWOOD	9	1	1	3		3			1				
HENDERSON	12	2		2		2	2	2	1	3			
HENRY	15			4		4	6			1			
HICKMAN	17	1							2	2	6		6
HOUSTON	4	1	1					1			1		
HUMPHREYS	15	2								2	3		8
JACKSON	6					1					2		3
JEFFERSON	11	2	2		3				1	2			1
JOHNSON	7		3		3					1			
KNOX	97	4	30	2	8			13	4	32			1
LAKE	5	2		1						2			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
LAUDERDALE	6			1		2	2							1
LAWRENCE	22	3									4	11		4
LEWIS	5											4		1
LINCOLN	28	10							1		1	4		12
LOUDON	15	2	4					4			5			
MACON	16	8									1	2		5
MADISON	29	4		3		10	7			1	4			
MARION	10	1	6		1			1						
MARSHALL	19	2				1					1	11		4
MAURY	21	1							2		4	6		8
MCMINN	26	4	13		3			2			3		1	
MCNAIRY	8		1	4		1	1				1			
MEIGS	3		3											
MONROE	25	7	10					4			3			1
MONTGOMERY	40	2				1			3		2	16		16
MOORE	3											1		2

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
MORGAN	7	1								1	5			
OBION	12	3				3	3			1	1	1		
OUT OF STATE C	1										1			
OVERTON	9										2	6		1
PERRY	3								2					1
PICKETT	2	1												1
POLK	4	1	3											
PUTNAM	28	4					1				8	10		5
RHEA	8	2	4						1		1			
ROANE	30		4					11			15			
ROBERTSON	22	8									2	9		3
RUTHERFORD	37	12							2		6	6		11
SCOTT	13	3	9					1						
SEQUATCHIE	2		2											
SEVIER	21	2	1		1			8	1	1	7			
SHELBY	227	37	1	10		39	53		6		80	1		

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
SMITH	13	1										3		9
STEWART	1	1												
SULLIVAN	41	3	25		2			1	2		7			1
SUMNER	57	20	1						1		7	16		12
TIPTON	11	2		1		4	1				3			
TROUSDALE	15	4				1		1				6		3
UNICOI	4		3						1					
UNION	6		1						1		4			
Unknown	11	1	1			1					7			1
VAN BUREN	1													1
WARREN	16	4										2		10
WASHINGTON	27	3	11		2			2			9			
WAYNE	14				1						1	9		3
WEALKLEY	16	2		6		2	4					1		1
WHITE	8								1		3			4
WILLIAMSON	21	2		1		1			2		1	2		12

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 - December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
WILSON	43	5							5	4	16		13

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 -- December 2001

August 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
ANDERSON	10				1			5	1	3			
BEDFORD	9	2							3	3	1		
BENTON	10			3		6	1						
BLED SOE	4	1	3										
BLOUNT	21		12					4	2	1			
BRADLEY	21	7	13							1			
CAMPBELL	8		4		1					3			
CANNON	9	3								1	2		2
CARROLL	13	1		1		8	1			2			
CARTER	23	1	14		3				2	3			
CHEATHAM	19									1	12		6
CHESTER	4	1					2						1
CLAIBORNE	35	5	16		2			7		5			
CLAY	2								1		1		

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
COCKE	9	2	1		1						5			
COFFEE	17	2										10		5
CROCKETT	8	2		2		1	2				1			
CUMBERLAND	15	6									2	6		1
DAVIDSON	131	16	1						4	1	21	32	24	32
DECATUR	4			2		1				1				
DEKALB	5			1							3			1
DICKSON	17								2		2	7		6
DYER	12			3		2	5				2			
FAYETTE	10	3		4		2	1							
FENTRESS	10	1									1	6		2
FRANKLIN	12	1	6		4						1			
GIBSON	19	5		3		4	2		1		4			
GILES	3													3
GRAINGER	9		4		1			1		2	1			
GREEN	14	2	5		1			1	3		2			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
GRUNDY	9	4	4											1
HAMBLEN	10		4		1				1		4			
HAMILTON	74	15	37		3			2	4	2	10	1		
HANCOCK	13	1	10		1						1			
HARDEMAN	7	1		2		3					1			
HARDIN	6			3		2	1							
HAWKINS	15	4	6			1		1	1		2			
HAYWOOD	7	1				3	1		2					
HENDERSON	7	1				1	1		1		2	1		
HENRY	10	1		5			2				2			
HICKMAN	11	2									2	4		3
HOUSTON	3		1									2		
HUMPHREYS	6	1							1					4
JACKSON	4	3												1
JEFFERSON	13	5	3		2				1		2			
JOHNSON	7		5						1		1			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
KNOX	103	11	26		17			12	5		32			
LAKE	4	1		3										
LAUDERDALE	6	1		1		3					1			
LAWRENCE	11	1									1	4		5
LEWIS	7											3		4
LINCOLN	12	6									2			4
LOUDON	12				1			8	1		2			
MACON	14	3									3	4		4
MADISON	26	3	4			16	2				1			
MARION	13	1	7		1				1		3			
MARSHALL	23	3	1						1			13		5
MAURY	30	5							5		4	7		9
MCMINN	24	1	15					2	2		4			
MCNAIRY	6	2		3		1								
MEIGS	6	3	2								1			
MONROE	27	5	11		1			8	1		1			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
MONTGOMERY	25	8	1						1	1	8		6
MOORE	3	1									2		
MORGAN	3		1					1		1			
OBION	23	2		7		8	3		1	1			
OUT OF STATE C	2					1					1		
OVERTON	4	1									2		1
PERRY	6										1		5
POLK	6	1	5										
PUTNAM	16	7								3	2		4
RHEA	10	2	6		1			1					
ROANE	26	1	4		1			8	1	11			
ROBERTSON	8	3							3		2		
RUTHERFORD	31	1	1						1	6	9		13
SCOTT	17	3	12					2					
SEQUATCHIE	7	1	6										
SEVIER	12		4		1			4		3			

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Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omnil- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
SHELBY	237	60		17		36	56		3	3	59	3		
SMITH	14	1							1		2	6		4
STEWART	3					1					2			
SULLIVAN	41	4	25		3			4			5			
SUMNER	41	10	1						1		6	17		6
TIPTON	12	2		3		2	3		1		1			
TROUSDALE	16	8									1	2		5
UNICOI	3				1			1			1			
UNION	5		2		1						2			
Unknown	8		1		1	1					5			
VAN BUREN	1	1												
WARREN	10	2										3		5
WASHINGTON	28	4	14		5						5			
WAYNE	7											6		1
WEALKLEY	9			3		3	2		1					
WHITE	10	6									1	1		2

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan
 July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omi- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
WILLIAMSON	13	1							1		2	2		7
WILSON	39	2						1	1		3	19		13

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 Source: AATS, DCS, MATS, MR, and ProLaw
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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

September 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
ANDERSON	8							5		1	2			
BEDFORD	6	2										2		2
BENTON	4						2		1			1		
BLED SOE	2				1						1			
BLOUNT	13	3							3	1	6			
BRADLEY	9	1	5					1	2					
CAMPBEL	8	1	4					2			1			
CANNON	5	1										2		2
CARROLL	6	1				5								
CARTER	9	1	3								4	1		
CHEATHAM	3											3		
CHESTER	1					1								
CLAIBORNE	17	3	8					4			2			
COCKE	7	1	1					1	1		3			
COFFEE	16	5							1		2	6		2

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

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County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
CROCKETT	11			6		4	1						
CUMBERLAND	8	1	2					1		1	1		2
DAVIDSON	66	4						11		5	24	9	13
DECATUR	3					1	1			1			
DEKALB	6		1							1	3		1
DICKSON	7	1	1				1			1	1		2
DYER	12			7		2	2	1					
FAYETTE	5			1		3		1					
FENTRESS	4									1			3
FRANKLIN	4	1	1					1	1				
GIBSON	10	3		2		4	1						5
GILES	10	1							2	1	1		
GRAINGER	3		2							1			
GREEN	9	2	5					1	1				
GRUNDY	5	1					1	1	1	1			
HAMBLEN	3		1				1						1

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
HAMILTON	32	10	10					1	2	1	7	1		
HANCOCK	7	1	3					3						
HARDEMAN	8			2		4	1				1			
HARDIN	7			2		3	1				1			
HAWKINS	5		4								1			
HAYWOOD	7	2		3			2							
HENDERSON	5	2		1					1		1			
HENRY	9			7		2								
HICKMAN	6	1							3			2		
HOUSTON	3									1		1		1
HUMPHREYS	3								1					2
JACKSON	5	2			1							1		1
JEFFERSON	6	1	2					1		1	1			
JOHNSON	2		2											
KNOX	33	2	7		5			4	4		10	1		
LAKE	1			1										

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
LAUDERDALE	1			1										
LAWRENCE	10	5							1			3		1
LINCOLN	3										1			2
LOUDON	11	1	1					4	1		4			
MACON	6	1									2	1		2
MADISON	18	2		2		8	3		3					
MARION	2		1								1			
MARSHALL	5											4		1
MAURY	11								6		1	1		3
MCMINN	19	1	8		1			4			3	2		
MCNAIRY	3					2	1							
MEIGS	4		3		1									
MONROE	7		2					2			3			
MONTGOMERY	20	4							2			5		7
MORGAN	1										1			
OBION	6	3				2					1			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
OUT OF STATE C	1										1			
OVERTON	3										1	1		1
PERRY	3								1			1		1
PICKETT	1	1												
POLK	1		1											
PUTNAM	11	3							1		1	4		2
RHEA	7	3	1						3					
ROANE	10							6	1		3			
ROBERTSON	7								3			2		2
RUTHERFORD	24	3		1					1		7	3		9
SCOTT	5	1	3					1						
SEQUATCHIE	4		3								1			
SEVIER	8	1	1		1			1	2	1	1			
SHELBY	107	15		5		29	29		3	1	24	1		
SMITH	4										1	2		1
SULLIVAN	23	2	11		1				2		7			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
SUMNER	11	7									2	1		1
TIPTON	6	1		4		1								
TROUSDALE	4	1										2		1
UNICOI	4		2		2									
UNION	4	2	1								1			
Unknown	1										1			
VAN BUREN	2											2		
WARREN	12	2							2		1	6		1
WASHINGTON	15	1	5		1				1		6	1		
WAYNE	6	1									1	4		
WEALKLEY	5	1		1		2						1		
WHITE	4	2										2		
WILLIAMSON	4								1		1			2
WILSON	18	1							2			11		4

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

October 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
ANDERSON	16		2					8	2	2			
BEDFORD	4								1	1			2
BENTON	2			1					1				
BLED SOE	2		1							1			
BLOUNT	17		10		1			1	2	3			
BRADLEY	8	1	4							2			
CAMPBELL	16		6					6		4			
CANNON	4												4
CARROLL	6		1			3	2						
CARTER	11	1	1					1	4	2	2		
CHEATHAM	8									1	4		3
CHESTER	3	1	1			1							
CLAIBORNE	23		4		3			11		4			1
CLAY	1												1
COCKE	9	3	1					1		4			

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 - December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
COFFEE	10									2	7		1
CROCKETT	2					1	1						
CUMBERLAND	5	1									2		2
DAVIDSON	92	5							10	1	25	21	17
DECATUR	3					2			1				
DEKALB	5										1		4
DICKSON	10								1	1	4		4
DYER	10			3		4			2	1			
FAYETTE	7			6		1							
FENTRESS	1	1											
FRANKLIN	5		1		1			1	2				
GIBSON	5			2		2				1			
GILES	7	2							1	1	2		1
GRAINGER	3		1					1			1		
GREEN	4				1			1	1	1			
GRUNDY	4		1					1		2			

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHPN/anderbilt	Xantus
HAMBLEN	7	1						1	2		3			
HAMILTON	21	6	5		2	1					5			2
HANCOCK	4	2	1								1			
HARDEMAN	9	2		1		3	1		2					
HARDIN	4					1	2				1			
HAWKINS	12	2	4					2	3		1			
HAYWOOD	8	1		5		1			1					
HENDERSON	2					1	1							
HENRY	11			4		2			2		3			
HICKMAN	5									1		3		1
HOUSTON	2	1										1		
HUMPHREYS	6								1			2		2
JACKSON	2											2		
JEFFERSON	9		3		2			1			3			
JOHNSON	10	1	4		1			1	2		1			
KNOX	68	2	13		9			20	5	2	17			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
LAKE	1			1									
LAUDERDALE	7			3		3				1			
LAWRENCE	17								1	3	8		5
LEWIS	5								1		3		1
LINCOLN	10									2	5		3
LOUDON	12		3		1			4	1	3			
MACON	6	2								1	2		1
MADISON	15			2		8	1	1		3	1		
MARION	4	1	1		2								
MARSHALL	19	1								3	9		6
MAURY	19	1							5	4	7		2
MCMINN	14	2	5		2			3	1	1			
MCNAIRY	2									2			
MEIGS	3		1					1		1			
MONROE	18	3	2		1			3	3	5			
MONTGOMERY	17								2	2	11		2

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
MOORE	1										1		
MORGAN	7		2				1	3	1				
OBION	3			1		2							
OUT OF STATE C	2									2			
OVERTON	5										3		1
PERRY	4									1	3		
PICKETT	1									1			
POLK	3	1								2			1
PUTNAM	4	1									3		
RHEA	4		1							2			1
ROANE	22							15	2	5			
ROBERTSON	5	1								3			1
RUTHERFORD	17	1							1	1	4		10
SCOTT	9	2	4		1					2			
SEQUATCHIE	1	1											
SEVIER	17		2		2			3	2	6	1		

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 -- December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
SHELBY	148	17		9		19	33		7	1	55	7	
SMITH	5										3		2
SULLIVAN	24	5	11		1			1	1	5			
SUMNER	42	5							4	3	16		13
TIPTON	8	3		2		1				2			
TROUSDALE	6										3		3
UNICOI	3		1		1					1			
UNION	7		4					1	1	1			
Unknown	6		2						1	2	1		
VAN BUREN	2										2		
WARREN	11									4	3		4
WASHINGTON	16		7		1			1		7			
WAYNE	8										6		2
WEALKLEY	4			1			1			2			
WHITE	3	1											2
WILLIAMSON	16	1								4	6		5

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	VHP/Vanderbilt	Xantus
WILSON	32	3			1				3		3	17		5

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

November 2001

County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
ANDERSON	27	3		3			15	1	1	3	1			1
BEDFORD	12							1	1	3	7			1
BENTON	10		2		4	4								
BLEDSE	1	1												
BLOUNT	25	14					2	3		6				
BRADLEY	32	13		2			4	1	1	12				
CAMPBELL	17	7					4	2		4				
CANNON	8	1								3	2			2
CARROLL	12		3		4	2		1	1	2				
CARTER	29	17		1			2			9				
CHEATHAM	21									3	14			4
CHESTER	5				4					1				
CLAIBORNE	60	19		6			16	2	1	16				
CLAY	3										3			
COCKE	21	3		9	2			1		6				

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
COFFEE	23							1	1	8			5
CROCKETT	8		1		2				1	4			
CUMBERLAND	9						1			4			3
DAVIDSON	112							5	1	34	29	25	18
DECATUR	3				2					1			
DEKALB	1												1
DICKSON	17							1		9	5		2
DYER	4		1		1					2			
FAYETTE	3		1							2			
FENTRESS	4									2	1		1
FRANKLIN	10	4								6			
GIBSON	20		3		9	3				5			
GILES	5									3	1		1
GRAINGER	7	5		1			1						
GREEN	19	13		2			1	2		1			
GRUNDY	3	2								1			

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
HAMBLEN	14	9					1		3	1			
HAMILTON	92	50		8				4	30				
HANCOCK	14	6					3		5				
HARDEMAN	13		1		3	1		4	4				
HARDIN	9		2		4	3							
HAWKINS	25	19							6				
HAYWOOD	4		1		1				2				
HENDERSON	8							1	7				
HENRY	11		4		4	1			2				
HICKMAN	8									3			5
HOUSTON	7								2	4			1
HUMPHREYS	11								3	4			4
JACKSON	1												1
JEFFERSON	16	6		2			3	1	4				
JOHNSON	15	13							2				
KNOX	158	59		14		1	36	7	39				

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Source: AATS, DCS, MATS, MR, and ProLaw

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County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
LAKE	2						2							
LAUDERDALE	7		2		3	1				1				
LAWRENCE	25									6	13			6
LEWIS	2									1				1
LINCOLN	28									5	15			8
LOUDON	15	4		2			8			1				
MACON	10									4	4			2
MADISON	47		2		32	3		1		9				
MARION	17	14					1			2				
MARSHALL	19									2	11			6
MAURY	24									11	6			7
MCMINN	33	18		1			5			9				
MCNAIRY	3		2		1									
MEIGS	5	4								1				
MONROE	46	8					5	1		32				
MONTGOMERY	36									10	16			10

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan
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County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
MORGAN	9	2		2		1	4							
OBION	18		3		9	3				3				
OUT OF STATE C	3									3				
OVERTON	3										3			
PERRY	3										3			
PUTNAM	17									8	6			3
RHEA	17	6		1						10				
ROANE	36	5		5			20	1		4				1
ROBERTSON	16									3	11			2
RUTHERFORD	47							2		25	10			10
SCOTT	21	14		1			2	2		2				
SEQUATCHIE	11	6					1			4				
SEVIER	16	4		3			3	1		5				
SHELBY	328	1	14		46	90		2		174		1		
SMITH	10									2	5			3
STEWART	1									1				

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total Of Received Date	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
SULLIVAN	65	46		4			2	1	1	11				
SUMNER	38							3		7	20			8
TIPTON	25		10		4	5		1		5				
TROUSDALE	3									2	1			
UNICOI	4	2								2				
UNION	13	7		1			4	1						
Unknown	3	1	1							1				
VAN BUREN	3									2	1			
WARREN	17							1		1	10			5
WASHINGTON	32	18		7				1		6				
WAYNE	12									1	10			1
WEALKLEY	24		8		7	3		3		3				
WHITE	8									1	4			3
WILLIAMSON	12									7	4			1
WILSON	56							2		16	29			9

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
ANDERSON	15		1					10			4				
BEDFORD	14										2	9			3
BENTON	10	1				5	1				2				1
BLED SOE	2										2				
BLOUNT	25		7		2			9	2		5				
BRADLEY	39	2	22		2			6			7				
CAMPBEL	13		3					7	1		1				1
CANNON	5										1	1			3
CARROLL	7			2		5									
CARTER	14		10								4				
CHEATHAM	22										3	14			5
CHESTER	1					1									
CLAIBORNE	31		20		1			5			5				
CLAY	1											1			
COCKE	15		3		6				2		4				

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 -- December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
COFFEE	12	1								3	6			2
CROCKETT	11		1			3	5			2				
CUMBERLAND	7									3	1			3
DAVIDSON	129	4	3	1					8	29	41		22	21
DECATUR	4					4								
DEKALB	5									2	1			2
DICKSON	21								3	5	11			2
DYER	9		2	4			2			1				
FAYETTE	10	2		2		3	2	1						
FENTRESS	8	1									6			
FRANKLIN	7		4			3								
GIBSON	20			5		11				3	1			
GILES	10								1	3	2			4
GRAINGER	6		1		1			1		2				
GREEN	12		6		1			1	2	2				
GRUNDY	6		1					3		2				

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Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 -- December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
HAMBLETON	14		7		1			2		1	3				
HAMILTON	99	1	63		8			3	3		21				
HANCOCK	13		11								2				
HARDEMAN	13			4		7	1				1				
HARDIN	5		2			1	2								
HAWKINS	31		21		4			1	2		3				
HAYWOOD	3			3											
HENDERSON	2					2									
HENRY	18			2		3	10				3				
HICKMAN	7										1	6			
HOUSTON	2										1	1			
HUMPHREYS	4								1						3
JACKSON	1										1				
JEFFERSON	14		4		3			4			2		1		
JOHNSON	2		2												
KNOX	95		41		7	2		24	4	3	14				

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
LAKE	1					1									
LAUDERDALE	4			1		2								1	
LAWRENCE	16														
LEWIS	5		1									10			3
LINCOLN	16														1
LOUDON	19		7									12			4
MACON	7														
MADISON	42			9		20	8		1			5			1
MARION	16		11		1										1
MARSHALL	14														
MAURY	21		1						2			6			3
MCMINN	36								1			7			3
MCNAIRY	2		21		2	1		3	1						
MEIGS	5		2	2											
MONROE	40		12		2			7	1						
MONTGOMERY	29								2			8			8

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Source: AATS, DCS, MATS, MR, and ProLaw

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County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omni- Care	PHP	Premier TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
MOORE	1										1			
MORGAN	3							2		1				
OBION	14			4		6	2		1	1				
OUT OF STATE C	6		2				2			2				
OVERTON	2										1			1
PERRY	3										3			
POLK	4		1		1			1		1				
PUTNAM	16								2	3	6			5
RHEA	9	2	3							4				
ROANE	21		3		1			14	1	2				
ROBERTSON	8					1				3	4			
RUTHERFORD	50	2								23	10		3	12
SCOTT	17	1	12		2			2						
SEQUATCHIE	6		4							2				
SEVIER	10		3		1			4	1					1
SHELBY	264	8		14		54	76		6	105				1

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Source: AATS, DCS, MATS, MR, and ProLaw

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County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omini- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
SMITH	5										1	1			3
STEWART	1											1			
SULLIVAN	48	1	25		4			7	1		9	1			
SUMNER	35								1		6	23			5
TIPTON	15	1	1	3		3			1		5				1
TROUSDALE	1											1			
UNICOI	1		1												
UNION	12		5					2	1		1				3
Unknown	3		1		1										1
VAN BUREN	1										1				
WARREN	8	1	1								2				4
WASHINGTON	19		14					1			4				
WAYNE	7								1		1	4			1
WEALKLEY	18			7		3	4		1		3				
WHITE	2				1						1				
WILLIAMSON	19	1							1		5	6			6

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Source: AATS, DCS, MATS, MR, and ProLaw

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Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total Of Received Date	Access Med Plus	BC/BS	Better Health	John Deere/Heritage	Memphis TLC	Omini- Care	PHP	Premier	TBH	TC Select	Universal	Unknown	VHP/Vanderbilt	Xantus
WILSON	42								5		4	17	1		15

Monday, January 28, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
ANDERSON	103	1	8		4			51	4	3	30	1			1
BEDFORD	56	5							5		13	20			13
BENTON	48	1		10		22	9		2		2	1			1
BLED SOE	11	1	5		1						4				
BLOUNT	113	3	49		3			18	14	3	23				
BRADLEY	130	18	66		4			12	3	1	25			1	
CAMPBELL	73	2	27		1			21	4		17				1
CANNON	38	4	2							1	8	8			15
CARROLL	53	3	1	10		26	6		1		6				
CARTER	107	4	59		4			4	6		27	3			
CHEATHAM	88	2									8	57			21
CHESTER	15	2				8	2			1	1				1
CLAIBORNE	187	12	71		14			48	2	1	38				1
CLAY	12								1			9			2
COCKE	73	10	11		18	2		3	4		25				
COFFEE	99	9							4	1	16	51			18

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
CROCKETT	46	3	1	10		13	10			1	8				
CUMBERLAND	61	10	2			1		2	1		13	14			18
DAVIDSON	711	64	7	1		2			43	3	139	182		136	134
DECATUR	27	1		7		12	2			1	3				
DEKALB	31	1	1	1							7	6			15
DICKSON	90	3	1				1		7		20	38			20
DYER	68	1	2	27		14	11		4		9				
FAYETTE	42	6		15		12	3	1	1		4				
FENTRESS	34	3									7	14			10
FRANKLIN	55	3	20		14			2	4		11	1			
GIBSON	92	9		19		35	8		4		18	1			
GILES	40	4							4		9	9			14
GRAINGER	33	1	14		3			5	1	3	5	1			
GREEN	70	5	30		7			7	12		8			1	
GRUNDY	35	6	9		2		1	4	1	1	9			1	1
HAMBLEN	66	4	27		4		1	5	4	1	18	1			1

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
HAMILTON	406	51	206		26	1		7	16	3	88	3		3	2
HANCOCK	58	5	37		1			6			9				
HARDEMAN	54	3		11		22	4		6		8				
HARDIN	38	2	2	8		13	11				2				
HAWKINS	104	8	64		4	1		4	7		16				
HAYWOOD	38	5	1	15		8	3		4		2				
HENDERSON	38	5		3		6	4		3	1	13	1			
HENRY	74	1		26		15	19		2		11				
HICKMAN	54	4							5	1	5	24			15
HOUSTON	21	2	2					1		1	3	10			2
HUMPHREYS	45	3							4		6	9			23
JACKSON	19	5			1	1					1	5			6
JEFFERSON	69	8	20		12			9	3	1	14		1		1
JOHNSON	43	1	29		4			1	3		5				
KNOX	554	19	176	2	60	2	1	109	29	10	144	1		1	
LAKE	14	3		6		1	2				2				

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total	Access Med Plus	BC/ BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
LAUDERDALE	31	1		9		13	3				3			1	1
LAWRENCE	101	9							2		17	49			24
LEWIS	24		1						1		2	12			8
LINCOLN	97	16							1		11	36			33
LOUDON	84	3	19		4			39	3		16				
MACON	59	14									12	18			15
MADISON	177	9		22		94	24		5	1	21	1			
MARION	62	3	40		5			2	2		9				1
MARSHALL	99	6	1			1			3		9	54			25
MAURY	126	7	1						19		33	34			32
MCMINN	152	8	80		9	1		19	4		28	2		1	
MCNAIRY	24	2	1	11		5	2				3				
MEIGS	26	3	15		1			2	1		4				
MONROE	163	15	45		4			29	6	1	62				1
MONTGOMERY	167	14	1			1			10		28	64			49
MOORE	8	1										5			2

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan

July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
MORGAN	30	1	5		2		2	10	1	1	8				
OBION	76	8		15		30	11		2	3	6	1			
OUT OF STATE C	15		2			1	2				9	1			
OVERTON	26	1									4	16			5
PERRY	22								3		1	11			7
PICKETT	4	2													2
POLK	18	3	10		1			1			3				
PUTNAM	92	15					1		3		23	31			19
RHEA	55	9	21		2			1	4		17				1
ROANE	145	1	16		7			74	5	1	40				1
ROBERTSON	68	12				1			6		11	28			8
RUTHERFORD	206	19	1	1					7		68	42	3		65
SCOTT	82	10	54		4			8	2		4				
SEQUATCHIE	31	2	21					1			7				
SEVIER	84	3	15		9			23	7	3	22	1			1
SHELBY	1311	137	2	69		223	337		27	5	497	12	1		1

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan
July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omni- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
SMITH	51	2							1		6	20			22
STEWART	6	1				1					3	1			
SULLIVAN	242	15	143		15			15	7	1	44	1			1
SUMNER	224	42	2						10	1	31	93			45
TIPTON	77	9	1	23		15	9		3		16				1
TROUSDALE	45	13				1	1	1			3	15			12
UNICOI	19		8		4			1	1		4				
UNION	47	2	20		2			7	4	1	8				3
Unknown	32	1	6	1	2	2			1		16	1			2
VAN BUREN	10	1									3	5			1
WARREN	74	9	1						3		8	24			29
WASHINGTON	137	8	69		16			4	2		37	1			
WAYNE	54	1			1				1		4	39			8
WEALKLEY	76	3		26		17	14		5		8	2			1
WHITE	35	9			1				1		6	7			11
WILLIAMSON	85	5		1		1			5		20	20			33

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Summary of Total Appeals for Enrollees Under Age 21 by County/Plan July 2001 – December 2001

County	Total	Access Med Plus	BC/BS	Better Health	John Deere/ Heritage	Memphis TLC	Omn- Care	PHP	Premier	TBH	TC Select	Universal	Unk	VHP/ Vanderbilt	Xantus
WILSON	230	11			1			1	18		30	109	1		59

Wednesday, January 30, 2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001

Total Appeals for Enrollees Under Age 21

By Service Type / County

July 2001 - December 2001

Month	Type Service	Count
	County	
July 2001	A&D ASSESSMENT	
	HAWKINS	1
	A&D-INPATIENT-ADU	
	HAMILTON	1
	OBION	1
	SHELBY	1
	A&D-INPATIENT-CHIL	
	RUTHERFORD	1
	A&D-PARTIAL HOSPI	
	DECATUR	1
	MOORE	1
	ROANE	1
	Unknown	1
	ACCESS TO SERVICES	
	ANDERSON	26
	BEDFORD	13
	BENTON	23
	BLED SOE	4
	BLOUNT	13
	BRADLEY	20
	CAMPBELL	20
	CANNON	5
	CARROLL	14
	CARTER	10
	CHEATHAM	8
	CHESTER	3
	CLAIBORNE	21
	CLAY	4
	COCKE	11
	COFFEE	19
	CROCKETT	7
	CUMBERLAND	21
	DAVIDSON	351
	DECATUR	13

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DEKALB	12
	DICKSON	25
	DYER	40
	FAYETTE	9
	FENTRESS	9
	FRANKLIN	21
	GIBSON	24
	GILES	13
	GRAINGER	7
	GREEN	22
	GRUNDY	10
	HAMBLEN	15
	HAMILTON	39
	HANCOCK	7
	HARDEMAN	8
	HARDIN	20
	HAWKINS	10
	HAYWOOD	4
	HENDERSON	12
	HENRY	38
	HICKMAN	13
	HOUSTON	3
	HUMPHREYS	6
	JACKSON	7
	JEFFERSON	11
	KNOX	65
	LAKE	13
	LAUDERDALE	19
	LAWRENCE	24
	LEWIS	8
	LINCOLN	23
	LOUDON	12
	MACON	22
	MADISON	32
	MARION	14
	MARSHALL	13
	MAURY	25
	MCMINN	15
	MCNAIRY	22
	MONROE	9
	MONTGOMERY	27
	MOORE	3
	MORGAN	7
	OBION	19
	OVERTON	15
	PERRY	1

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	PICKETT	4
	POLK	2
	PUTNAM	28
	RHEA	7
	ROANE	19
	ROBERTSON	31
	RUTHERFORD	43
	SCOTT	3
	SEQUATCHIE	6
	SEVIER	19
	SHELBY	194
	SMITH	4
	STEWART	5
	SULLIVAN	17
	SUMNER	81
	TIPTON	19
	TROUSDALE	8
	UNICOI	6
	UNION	15
	Unknown	24
	VAN BUREN	1
	WARREN	25
	WASHINGTON	18
	WAYNE	14
	WEALKLEY	20
	WHITE	9
	WILLIAMSON	14
	WILSON	27
	ANESTHESIA	
	RUTHERFORD	1
	CHIROPRACTIC	
	LINCOLN	1
	DENTAL	
	BLOUNT	1
	CAMPBEL	2
	CLAIBORNE	1
	COCKE	1
	COFFEE	1
	DAVIDSON	1
	DICKSON	1
	DYER	1
	GIBSON	1
	HAMBLÉN	1
	HAMILTON	2

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HARDIN	1
	KNOX	2
	MACON	1
	MADISON	2
	MAURY	1
	MEIGS	1
	MONROE	1
	MONTGOMERY	2
	MORGAN	2
	OVERTON	1
	RHEA	2
	ROANE	1
	RUTHERFORD	3
	SHELBY	2
	SMITH	1
	SULLIVAN	1
	SUMNER	1
	TIPTON	1
	UNICOI	1
	UNION	1
	WASHINGTON	1
	WEALKLEY	1
	DME	
	CARROLL	1
	DAVIDSON	1
	DEKALB	1
	DYER	3
	GREEN	1
	HAMILTON	1
	HENDERSON	1
	KNOX	1
	LAUDERDALE	1
	MACON	1
	MCMINN	1
	MONROE	1
	MONTGOMERY	2
	POLK	1
	SEVIER	1
	SHELBY	4
	SULLIVAN	1
	Unknown	1
	ELIGIBILITY	
	WILLIAMSON	1
	EMERGENCY SERVIC	

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	KNOX	1
	EPSDT	
	KNOX	2
	HOME HEALTH	
	LAWRENCE	1
	LINCOLN	1
	MCMINN	1
	ROANE	1
	SHELBY	2
	WASHINGTON	1
	HOSPITAL-INPATIENT	
	SUMNER	1
	METHADONE TREAT	
	BLOUNT	1
	BRADLEY	2
	CARTER	1
	CHEATHAM	3
	DAVIDSON	4
	DEKALB	1
	FENTRESS	1
	FRANKLIN	1
	HAMILTON	3
	HARDEMAN	1
	HUMPHREYS	1
	KNOX	3
	LAWRENCE	1
	MAURY	1
	MCMINN	1
	MCNAIRY	1
	MORGAN	1
	OVERTON	1
	RUTHERFORD	1
	SHELBY	1
	SUMNER	2
	WHITE	1
	WILLIAMSON	1
	WILSON	3
	MH-INPATIENT-ADUL	
	CAMPBELL	1
	CARTER	1
	CHEATHAM	1
	COFFEE	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DAVIDSON	1
	FRANKLIN	1
	GIBSON	1
	HAWKINS	2
	MARION	1
	MAURY	1
	OUT OF STATE C	1
	PERRY	1
	PUTNAM	1
	WASHINGTON	1
	WILLIAMSON	1
	MH-INPATIENT-CHIL	
	UNICOI	1
	MH-OUTPATIENT-ADU	
	DAVIDSON	1
	MH-OUTPATIENT-CHI	
	CAMPBEL	1
	HICKMAN	2
	JEFFERSON	1
	SULLIVAN	1
	MOVE/PARENTS REQ.	
	HAMILTON	1
	OTHER	
	ANDERSON	2
	BEDFORD	2
	BENTON	2
	BLOUNT	3
	BRADLEY	2
	CAMPBEL	4
	CARTER	1
	CLAIBORNE	1
	COFFEE	2
	CROCKETT	1
	CUMBERLAND	3
	DAVIDSON	23
	DECATUR	1
	DEKALB	1
	DICKSON	2
	DYER	1
	FAYETTE	2
	FRANKLIN	8
	GIBSON	3

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	KNOX	1
	EPSDT	
	KNOX	2
	HOME HEALTH	
	LAWRENCE	1
	LINCOLN	1
	MCMINN	1
	ROANE	1
	SHELBY	2
	WASHINGTON	1
	HOSPITAL-INPATIENT	
	SUMNER	1
	METHADONE TREAT	
	BLOUNT	1
	BRADLEY	2
	CARTER	1
	CHEATHAM	3
	DAVIDSON	4
	DEKALB	1
	FENTRESS	1
	FRANKLIN	1
	HAMILTON	3
	HARDEMAN	1
	HUMPHREYS	1
	KNOX	3
	LAWRENCE	1
	MAURY	1
	MCMINN	1
	MCNAIRY	1
	MORGAN	1
	OVERTON	1
	RUTHERFORD	1
	SHELBY	1
	SUMNER	2
	WHITE	1
	WILLIAMSON	1
	WILSON	3
	MH-INPATIENT-ADUL	
	CAMPBELL	1
	CARTER	1
	CHEATHAM	1
	COFFEE	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	GRAINGER	1
	GREEN	5
	GRUNDY	4
	HAMBLEN	4
	HAMILTON	3
	HARDIN	2
	HAWKINS	2
	HAYWOOD	1
	HENRY	1
	HICKMAN	1
	JEFFERSON	2
	JOHNSON	2
	KNOX	7
	LAWRENCE	1
	LEWIS	1
	LINCOLN	1
	MADISON	4
	MARION	3
	MARSHALL	1
	MAURY	1
	MCMINN	3
	MEIGS	1
	MONROE	2
	MONTGOMERY	3
	MOORE	1
	OBION	1
	OVERTON	1
	PERRY	1
	PICKETT	1
	POLK	1
	PUTNAM	4
	ROANE	2
	ROBERTSON	3
	RUTHERFORD	3
	SCOTT	1
	SEVIER	1
	SHELBY	13
	SULLIVAN	8
	SUMNER	7
	Unknown	4
	WARREN	4
	WASHINGTON	4
	WAYNE	1
	WHITE	1
	WILLIAMSON	1
	WILSON	3

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i> <i>County</i>	<i>Count</i>
PHARMACY		
	ANDERSON	44
	BEDFORD	43
	BENTON	74
	BLEDSON	18
	BLOUNT	48
	BRADLEY	109
	CAMPBELL	25
	CANNON	86
	CARROLL	107
	CARTER	81
	CHEATHAM	119
	CHESTER	7
	CLAIBORNE	172
	CLAY	45
	COCKE	66
	COFFEE	140
	CROCKETT	55
	CUMBERLAND	100
	DAVIDSON	781
	DECATUR	47
	DEKALB	43
	DICKSON	109
	DYER	35
	FAYETTE	37
	FENTRESS	138
	FRANKLIN	32
	GIBSON	78
	GILES	44
	GRAINGER	32
	GREEN	41
	GRUNDY	38
	HAMBLETON	71
	HAMILTON	386
	HANCOCK	101
	HARDEMAN	32
	HARDIN	36
	HAWKINS	93
	HAYWOOD	54
	HENDERSON	49
	HENRY	37
	HICKMAN	82
	HOUSTON	23
	HUMPHREYS	67
	JACKSON	79

Wednesday, January 30, 2002

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	JEFFERSON	48
	JOHNSON	22
	KNOX	330
	LAKE	9
	LAUDERDALE	28
	LAWRENCE	227
	LEWIS	93
	LINCOLN	98
	LOUDON	48
	MACON	72
	MADISON	146
	MARION	53
	MARSHALL	130
	MAURY	185
	MCMINN	145
	MCNAIRY	67
	MEIGS	27
	MONROE	123
	MONTGOMERY	134
	MOORE	6
	MORGAN	15
	OBION	64
	OUT OF STATE C	8
	OUT OF STATE N	1
	OVERTON	60
	PERRY	9
	PICKETT	7
	POLK	25
	PUTNAM	123
	RHEA	42
	ROANE	90
	ROBERTSON	97
	RUTHERFORD	246
	SCOTT	91
	SEQUATCHIE	36
	SEVIER	58
	SHELBY	900
	SMITH	71
	STEWART	13
	SULLIVAN	231
	SUMNER	298
	TIPTON	58
	TROUSDALE	72
	UNICOI	38
	UNION	12
	Unknown	59

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	VAN BUREN	16
	WARREN	119
	WASHINGTON	103
	WAYNE	93
	WEALKLEY	73
	WHITE	50
	WILLIAMSON	128
	WILSON	230
	PHYSICAL THERAPY	
	BLOUNT	1
	GIBSON	1
	SHELBY	2
	WILSON	1
	PHYSICIAN	
	BLOUNT	2
	CAMPBELL	1
	CARTER	5
	CHEATHAM	1
	COCKE	1
	DAVIDSON	18
	DICKSON	1
	DYER	2
	FRANKLIN	2
	GRAINGER	1
	GREEN	1
	HAMBLETON	2
	HAMILTON	2
	HAWKINS	1
	HENRY	3
	HICKMAN	1
	HUMPHREYS	1
	KNOX	4
	LAUDERDALE	1
	LAWRENCE	1
	LEWIS	1
	LOUDON	1
	MAURY	1
	MEIGS	1
	OBION	1
	OUT OF STATE C	1
	POLK	1
	RHEA	1
	ROANE	1
	RUTHERFORD	3
	SEVIER	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	SHELBY	6
	SULLIVAN	1
	SUMNER	2
	WASHINGTON	1
	WILLIAMSON	1
	WILSON	1
	PROCEDURE	
	ANDERSON	1
	BEDFORD	1
	CAMPBELL	1
	CARTER	2
	CLAIBORNE	1
	CROCKETT	1
	DAVIDSON	4
	GIBSON	1
	GREEN	1
	HAMILTON	1
	HARDIN	3
	HAWKINS	1
	HICKMAN	2
	KNOX	3
	LOUDON	1
	MADISON	1
	MARSHALL	1
	MAURY	1
	MONTGOMERY	1
	OVERTON	2
	PUTNAM	1
	ROANE	1
	SEVIER	1
	SHELBY	6
	SULLIVAN	1
	SUMNER	2
	WASHINGTON	2
	PSY. EVALUATION	
	BLOUNT	1
	COFFEE	1
	RESIDENTIAL TREAT	
	MAURY	1
	WARREN	1
	RESIDENTIAL TREAT	
	COFFEE	1
	GREEN	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAMILTON	2
	KNOX	5
	MADISON	1
	OBION	1
	SEVIER	1
	SHELBY	3
	RESIDENTIAL TX LEV	
	DAVIDSON	1
	SULLIVAN	1
	WILSON	1
	RESIDENTIAL TX LEV	
	GIBSON	1
	HAYWOOD	1
	MAURY	1
	MONTGOMERY	1
	RESIDENTIAL TX LEV	
	DAVIDSON	3
	DYER	1
	FRANKLIN	1
	PERRY	1
	WILSON	1
	RESIDENTIAL TX LEV	
	BLOUNT	1
	SEVIER	1
	SHELBY	1
	RESIDENTIAL TX LEV	
	RUTHERFORD	1
	SPEECH THERAPY	
	BENTON	1
	MADISON	1
	THERA FOSTER CARE	
	HAMBLEN	1
	TRANSPORTATION	
	COFFEE	1
	DAVIDSON	1
	GIBSON	1
	HENRY	2
	KNOX	1
	SHELBY	4

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	UNKNOWN	
	BRADLEY	1
	DAVIDSON	3
	GIBSON	2
	GREEN	3
	HAMILTON	3
	HAYWOOD	1
	HENDERSON	1
	KNOX	2
	MAURY	1
	MONTGOMERY	2
	PERRY	1
	RUTHERFORD	2
	SHELBY	2
	STEWART	1
	SUMNER	2
	UNION	1
	Unknown	678
	WHITE	1
	WILLIAMSON	1
	WILSON	3
	VISION	
	BEDFORD	1
	BLOUNT	1
	CARTER	1
	DAVIDSON	1
	HAMBLEN	1
	KNOX	1
	LAWRENCE	1
	MAURY	1
	MONTGOMERY	1
	POLK	1
	PUTNAM	1
	RUTHERFORD	1
	SHELBY	2
	TROUSDALE	1
	WARREN	1
	WILLIAMSON	1
	WILSON	1

August 2001

A&D ASSESSMENT

GREEN	1
MONROE	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
<i>County</i>		
A&D-INPATIENT-ADU		
	FRANKLIN	1
	HAMILTON	2
	SULLIVAN	1
	WASHINGTON	1
A&D-INPATIENT-CHIL		
	DICKSON	1
ACCESS TO SERVICES		
	ANDERSON	8
	BEDFORD	6
	BENTON	9
	BLED SOE	3
	BLOUNT	17
	BRADLEY	7
	CAMPBELL	6
	CANNON	2
	CARROLL	11
	CARTER	4
	CHEATHAM	8
	CHESTER	3
	CLAIBORNE	20
	CLAY	2
	COCKE	6
	COFFEE	11
	CROCKETT	7
	CUMBERLAND	24
	DAVIDSON	144
	DECATUR	4
	DEKALB	2
	DICKSON	13
	DYER	40
	FAYETTE	10
	FENTRESS	8
	FRANKLIN	13
	GIBSON	20
	GILES	6
	GRAINGER	6
	GREEN	11
	GRUNDY	9
	HAMBLETON	5
	HAMILTON	23
	HANCOCK	3
	HARDEMAN	10
	HARDIN	13

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAWKINS	5
	HAYWOOD	10
	HENDERSON	6
	HENRY	15
	HICKMAN	9
	HUMPHREYS	2
	JACKSON	6
	JEFFERSON	9
	JOHNSON	1
	KNOX	47
	LAKE	19
	LAUDERDALE	14
	LAWRENCE	21
	LEWIS	1
	LINCOLN	13
	LOUDON	8
	MACON	4
	MADISON	15
	MARION	7
	MARSHALL	8
	MAURY	19
	MCMINN	5
	MCNAIRY	12
	MEIGS	1
	MONROE	5
	MONTGOMERY	30
	MORGAN	3
	OBION	27
	OUT OF STATE N	3
	OVERTON	4
	PERRY	6
	POLK	3
	PUTNAM	39
	RHEA	3
	ROANE	16
	ROBERTSON	11
	RUTHERFORD	31
	SCOTT	3
	SEQUATCHIE	2
	SEVIER	8
	SHELBY	145
	SMITH	4
	STEWART	3
	SULLIVAN	10
	SUMNER	39
	TIPTON	13

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	TROUSDALE	5
	UNICOI	1
	UNION	6
	Unknown	11
	VAN BUREN	3
	WARREN	21
	WASHINGTON	13
	WAYNE	9
	WEALKLEY	11
	WHITE	30
	WILLIAMSON	12
	WILSON	19
	DENTAL	
	ANDERSON	3
	BLOUNT	1
	BRADLEY	2
	CAMPBEL	3
	CLAIBORNE	2
	COCKE	1
	COFFEE	1
	CUMBERLAND	2
	DAVIDSON	6
	DEKALB	1
	DICKSON	2
	GIBSON	2
	GILES	1
	GRAINGER	1
	GREEN	1
	HAMILTON	2
	HENDERSON	1
	JACKSON	1
	LOUDON	2
	MADISON	2
	MARION	1
	MCMINN	3
	MCNAIRY	1
	MEIGS	1
	MONROE	2
	OBION	1
	OVERTON	1
	PUTNAM	1
	RUTHERFORD	2
	SEQUATCHIE	1
	SEVIER	1
	SHELBY	5

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	SMITH	1
	SUMNER	2
	TIPTON	1
	UNION	1
	WASHINGTON	1
	WEALKLEY	1
	WILLIAMSON	1
	DME	
	BENTON	1
	BLOUNT	1
	CAMPBELL	1
	CANNON	1
	COCKE	2
	DAVIDSON	5
	DYER	1
	FAYETTE	1
	FENTRESS	1
	FRANKLIN	2
	GREEN	3
	GRUNDY	1
	HAMBLETON	1
	HAMILTON	3
	HARDIN	1
	HENRY	1
	HUMPHREYS	2
	JEFFERSON	1
	KNOX	2
	LAUDERDALE	1
	LINCOLN	1
	MAURY	1
	MONROE	1
	PUTNAM	1
	ROANE	1
	SHELBY	5
	SMITH	1
	SUMNER	2
	UNION	1
	WEALKLEY	1
	ELIGIBILITY	
	MCMINN	1
	EMERGENCY SERVICE	
	BLOUNT	1
	MARION	1
	MONTGOMERY	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i> <i>County</i>	<i>Count</i>
	EPSDT	
	KNOX	3
	HOME HEALTH	
	BEDFORD	1
	CAMPBELL	1
	CARROLL	1
	CROCKETT	1
	FAYETTE	1
	HAMILTON	1
	HENDERSON	1
	KNOX	1
	MARSHALL	1
	OBION	1
	PICKETT	1
	ROANE	1
	SHELBY	3
	SULLIVAN	1
	UNICOI	1
	HOSPITAL-OUTPATIENT	
	SHELBY	1
	MED. EVALUATION	
	ROANE	1
	METHADONE TREAT	
	ANDERSON	2
	BLOUNT	1
	DAVIDSON	5
	GILES	1
	HAMBLETON	1
	HAMILTON	2
	HARDEMAN	2
	HENDERSON	1
	HUMPHREYS	1
	JEFFERSON	1
	KNOX	4
	LAUDERDALE	1
	LOUDON	1
	MAURY	1
	MCMINN	3
	MCNAIRY	1
	MEIGS	1
	OVERTON	1
	PUTNAM	3

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	RUTHERFORD	1
	SHELBY	2
	MH-INPATIENT-ADUL	
	DAVIDSON	1
	DYER	1
	HARDEMAN	2
	HAWKINS	1
	MACON	1
	MADISON	1
	MARION	1
	MCNAIRY	1
	MEIGS	1
	WILLIAMSON	1
	MH-INPATIENT-CHIL	
	DAVIDSON	1
	OBION	1
	ROBERTSON	2
	SHELBY	3
	WILLIAMSON	1
	MH-OUTPATIENT-CHI	
	ANDERSON	1
	HUMPHREYS	1
	MAURY	1
	MOVE/PARENTS REQ.	
	MAURY	1
	OTHER	
	ANDERSON	1
	BEDFORD	1
	BLEDSON	1
	BLOUNT	2
	BRADLEY	7
	CAMPBELL	2
	CARTER	3
	CLAIBORNE	2
	CLAY	1
	COFFEE	1
	CROCKETT	1
	DAVIDSON	10
	FAYETTE	2
	FENTRESS	1
	FRANKLIN	5
	GRAINGER	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	GREEN	6
	GRUNDY	1
	HAMBLEN	1
	HAMILTON	13
	HARDEMAN	1
	HARDIN	1
	HAWKINS	1
	HENDERSON	1
	JACKSON	1
	JEFFERSON	1
	KNOX	12
	LAWRENCE	2
	MACON	2
	MADISON	1
	MARSHALL	1
	MAURY	1
	MCMINN	1
	MONROE	2
	MONTGOMERY	1
	RHEA	1
	ROANE	2
	ROBERTSON	1
	RUTHERFORD	1
	SCOTT	1
	SEVIER	4
	SHELBY	12
	SMITH	1
	SULLIVAN	4
	SUMNER	1
	WASHINGTON	2
	WAYNE	1
	WEALKLEY	1
	WHITE	1
	WILLIAMSON	1

PHARMACY

ANDERSON	66
BEDFORD	30
BENTON	66
BLED SOE	19
BLOUNT	60
BRADLEY	108
CAMPBELL	30
CANNON	64
CARROLL	94
CARTER	79

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CHEATHAM	103
	CHESTER	15
	CLAIBORNE	180
	CLAY	18
	COCKE	39
	COFFEE	143
	CROCKETT	43
	CUMBERLAND	54
	DAVIDSON	639
	DECATUR	26
	DEKALB	46
	DICKSON	82
	DYER	30
	FAYETTE	30
	FENTRESS	84
	FRANKLIN	37
	GIBSON	80
	GILES	24
	GRAINGER	35
	GREEN	59
	GRUNDY	32
	HAMBLEN	57
	HAMILTON	312
	HANCOCK	86
	HARDEMAN	44
	HARDIN	43
	HAWKINS	90
	HAYWOOD	40
	HENDERSON	38
	HENRY	28
	HICKMAN	73
	HOUSTON	25
	HUMPHREYS	59
	JACKSON	51
	JEFFERSON	44
	JOHNSON	31
	KNOX	318
	LAKE	3
	LAUDERDALE	27
	LAWRENCE	157
	LEWIS	64
	LINCOLN	78
	LOUDON	52
	MACON	67
	MADISON	148
	MARION	69

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MARSHALL	97
	MAURY	126
	MCMINN	144
	MCNAIRY	64
	MEIGS	24
	MONROE	131
	MONTGOMERY	129
	MOORE	8
	MORGAN	12
	OBION	46
	OUT OF STATE C	4
	OUT OF STATE N	2
	OVERTON	46
	PERRY	15
	PICKETT	1
	POLK	23
	PUTNAM	69
	RHEA	38
	ROANE	81
	ROBERTSON	75
	RUTHERFORD	204
	SCOTT	65
	SEQUATCHIE	38
	SEVIER	62
	SHELBY	953
	SMITH	34
	STEWART	6
	SULLIVAN	249
	SUMNER	194
	TIPTON	41
	TROUSDALE	51
	UNICOI	41
	UNION	20
	Unknown	18
	VAN BUREN	5
	WARREN	90
	WASHINGTON	94
	WAYNE	61
	WEALKLEY	65
	WHITE	37
	WILLIAMSON	91
	WILSON	223

PHYSICAL THERAPY

HENRY	1
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PHYSICIAN

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	BLEDSON	1
	BLOUNT	2
	BRADLEY	4
	CLAIBORNE	1
	COCKE	1
	DAVIDSON	8
	DEKALB	2
	GIBSON	1
	GILES	2
	GRAINGER	1
	GREEN	2
	HAMBLETON	1
	HAMILTON	5
	HARDIN	1
	HAWKINS	2
	HENDERSON	2
	HUMPHREYS	1
	JEFFERSON	3
	JOHNSON	1
	KNOX	6
	LAKE	1
	LAUDERDALE	1
	LINCOLN	1
	MACON	1
	MADISON	2
	MARION	3
	MAURY	1
	MCMINN	1
	MONROE	1
	MONTGOMERY	1
	OVERTON	1
	POLK	4
	PUTNAM	1
	RHEA	4
	ROANE	3
	ROBERTSON	1
	RUTHERFORD	4
	SCOTT	1
	SEVIER	1
	SHELBY	2
	SULLIVAN	2
	SUMNER	1
	TIPTON	1
	UNION	1
	WARREN	1
	WASHINGTON	2

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	WAYNE	2
	WHITE	2
	WILLIAMSON	1
	PROCEDURE	
	BLEDSON	1
	CAMPBELL	1
	CLAIBORNE	1
	COFFEE	1
	CROCKETT	2
	FAYETTE	2
	GIBSON	1
	GREEN	1
	HAMBLETON	2
	HAMILTON	2
	HAWKINS	1
	HENDERSON	1
	JOHNSON	1
	KNOX	1
	LOUDON	2
	MARSHALL	1
	MCMINN	1
	MONROE	1
	POLK	1
	ROBERTSON	1
	SHELBY	4
	STEWART	1
	SULLIVAN	1
	TIPTON	1
	WASHINGTON	1
	WILSON	1
	PSY. EVALUATION	
	BLOUNT	1
	QUALITY	
	CUMBERLAND	1
	REHABILITATION	
	GRUNDY	1
	RESIDENTIAL TREAT	
	CHEATHAM	1
	RESIDENTIAL TREAT	
	CANNON	1
	DAVIDSON	1
	DECATUR	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	GRAINGER	1
	HAMILTON	3
	KNOX	1
	MAURY	1
	MCMINN	1
	ROBERTSON	1
	RUTHERFORD	1
	SHELBY	2
	RESIDENTIAL TX LEV	
	BEDFORD	1
	BLOUNT	1
	CLAY	1
	GREEN	1
	HAWKINS	1
	HAYWOOD	1
	RESIDENTIAL TX LEV	
	BEDFORD	1
	HAMILTON	1
	JEFFERSON	1
	MARSHALL	1
	MAURY	1
	RESIDENTIAL TX LEV	
	DAVIDSON	1
	KNOX	1
	RESIDENTIAL TX LEV	
	SMITH	1
	SPEECH THERAPY	
	WASHINGTON	2
	WEALKLEY	1
	THERA FOSTER CARE	
	KNOX	1
	THERA FOSTER CARE	
	CARTER	1
	TRANSPORTATION	
	BENTON	1
	CLAY	1
	HAMILTON	2
	LAWRENCE	1
	MADISON	1
	PUTNAM	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
<i>County</i>		
	SMITH	1
	UNKNOWN	
	BEDFORD	1
	BLOUNT	1
	CHEATHAM	1
	COFFEE	1
	DAVIDSON	5
	DICKSON	1
	GIBSON	1
	GRAINGER	1
	GREEN	1
	HAMBLEN	1
	HAMILTON	2
	HAYWOOD	1
	HUMPHREYS	1
	JEFFERSON	1
	KNOX	2
	LOUDON	1
	MAURY	2
	OBION	1
	PUTNAM	1
	RUTHERFORD	1
	SHELBY	2
	SUMNER	1
	TIPTON	1
	Unknown	707
	WILSON	1
	VISION	
	BRADLEY	1
	CHEATHAM	1
	CROCKETT	1
	DAVIDSON	2
	DYER	1
	GREEN	1
	HAYWOOD	1
	KNOX	1
	LOUDON	1
	MADISON	2
	MEIGS	1
	PICKETT	1
	SEVIER	1
	SHELBY	3
	SULLIVAN	1
	WEALKLEY	1

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
September 2001		
	A&D ASSESSMENT	
	CUMBERLAND	1
	GILES	1
	A&D-INPATIENT-ADU	
	DAVIDSON	1
	SHELBY	1
	SULLIVAN	1
	ACCESS TO SERVICES	
	ANDERSON	5
	BEDFORD	9
	BENTON	11
	BLEDSON	4
	BLOUNT	12
	BRADLEY	7
	CAMPBELL	7
	CARROLL	1
	CARTER	6
	CHEATHAM	6
	CHESTER	2
	CLAIBORNE	7
	CLAY	2
	COCKE	6
	COFFEE	8
	CROCKETT	3
	CUMBERLAND	11
	DAVIDSON	64
	DECATUR	7
	DICKSON	9
	DYER	26
	FAYETTE	6
	FENTRESS	5
	FRANKLIN	11
	GIBSON	12
	GILES	6
	GRAINGER	2
	GREEN	9
	GRUNDY	3
	HAMBLETON	2
	HAMILTON	14
	HANCOCK	1
	HARDEMAN	5
	HARDIN	9

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAWKINS	6
	HAYWOOD	9
	HENDERSON	4
	HENRY	9
	HICKMAN	3
	HUMPHREYS	1
	JACKSON	5
	JEFFERSON	4
	JOHNSON	1
	KNOX	20
	LAKE	6
	LAUDERDALE	5
	LAWRENCE	11
	LINCOLN	3
	LOUDON	5
	MACON	5
	MADISON	15
	MARION	3
	MARSHALL	3
	MAURY	7
	MCMINN	4
	MCNAIRY	9
	MEIGS	2
	MONROE	2
	MONTGOMERY	15
	MORGAN	3
	OBION	12
	OUT OF STATE C	3
	OUT OF STATE N	1
	OVERTON	7
	PERRY	1
	PICKETT	2
	POLK	1
	PUTNAM	14
	RHEA	1
	ROANE	5
	ROBERTSON	5
	RUTHERFORD	18
	SCOTT	4
	SEVIER	2
	SHELBY	78
	SMITH	2
	SULLIVAN	15
	SUMNER	15
	TIPTON	14
	TROUSDALE	1

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	UNICOI	1
	UNION	5
	Unknown	4
	WARREN	10
	WASHINGTON	8
	WAYNE	4
	WEALKLEY	5
	WHITE	8
	WILLIAMSON	3
	WILSON	10
	DENTAL	
	CAMPBEL	3
	CANNON	1
	CLAY	1
	COFFEE	2
	DAVIDSON	7
	DEKALB	3
	GREEN	1
	HAMILTON	2
	HARDEMAN	1
	HENDERSON	1
	JACKSON	1
	JEFFERSON	1
	KNOX	2
	LINCOLN	1
	MADISON	1
	MARION	1
	MONTGOMERY	3
	PUTNAM	4
	ROANE	1
	SEVIER	1
	SHELBY	5
	SMITH	1
	SULLIVAN	5
	VAN BUREN	1
	WARREN	5
	WHITE	2
	WILSON	4
	DME	
	ANDERSON	1
	BRADLEY	2
	DAVIDSON	3
	DECATUR	1
	DYER	2
	GILES	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	GREEN	1
	HAMBLEN	3
	HAMILTON	2
	HAYWOOD	1
	HENRY	1
	HICKMAN	1
	MADISON	1
	ROANE	1
	SHELBY	8
	SULLIVAN	3
	WEALKLEY	1
	HOME HEALTH	
	CHEATHAM	1
	CLAIBORNE	1
	HAMILTON	1
	HARDIN	1
	HAWKINS	1
	MADISON	1
	MONTGOMERY	1
	PUTNAM	1
	SHELBY	2
	INDEPENDENT LIVIN	
	RHEA	1
	METHADONE TREAT	
	ANDERSON	1
	BLOUNT	2
	BRADLEY	1
	CHESTER	1
	DAVIDSON	4
	HAMBLEN	2
	HAMILTON	3
	HARDEMAN	1
	HARDIN	1
	KNOX	1
	LOUDON	2
	MCMINN	1
	MORGAN	1
	ROANE	1
	SHELBY	8
	SMITH	1
	Unknown	1
	MH-INPATIENT-ADUL	
	HAMILTON	2

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	KNOX	1
	SHELBY	1
	MH-INPATIENT-CHIL	
	DAVIDSON	1
	HAMILTON	1
	KNOX	1
	MONTGOMERY	1
	SHELBY	1
	MH-OUTPATIENT-CHI	
	DAVIDSON	2
	HICKMAN	2
	SULLIVAN	1
	NUTRITIONAL	
	MEIGS	1
	OTHER	
	ANDERSON	1
	BENTON	2
	BLEDSON	1
	BLOUNT	4
	BRADLEY	2
	CAMPBELL	3
	CARTER	1
	CHESTER	1
	CLAIBORNE	2
	DAVIDSON	4
	FAYETTE	2
	FRANKLIN	3
	GRUNDY	3
	HAMILTON	2
	HANCOCK	1
	HAYWOOD	1
	HENDERSON	1
	HENRY	1
	HOUSTON	1
	HUMPHREYS	1
	JACKSON	1
	JEFFERSON	1
	KNOX	9
	LAWRENCE	2
	LINCOLN	1
	LOUDON	2
	MAURY	1
	MEIGS	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MONTGOMERY	1
	MORGAN	1
	PERRY	1
	POLK	1
	RHEA	1
	ROANE	2
	RUTHERFORD	1
	SEVIER	1
	SHELBY	6
	SULLIVAN	1
	UNION	1
	WASHINGTON	5
	PHARMACY	
	ANDERSON	25
	BEDFORD	6
	BENTON	28
	BLED SOE	2
	BLOUNT	14
	BRADLEY	44
	CAMPBELL	17
	CANNON	32
	CARROLL	36
	CARTER	40
	CHEATHAM	26
	CHESTER	2
	CLAIBORNE	93
	CLAY	6
	COCKE	19
	COFFEE	30
	CROCKETT	26
	CUMBERLAND	17
	DAVIDSON	230
	DECATUR	7
	DEKALB	21
	DICKSON	33
	DYER	11
	FAYETTE	14
	FENTRESS	39
	FRANKLIN	13
	GIBSON	23
	GILES	14
	GRAINGER	17
	GREEN	13
	GRUNDY	17
	HAMBLETON	22

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAMILTON	102
	HANCOCK	29
	HARDEMAN	23
	HARDIN	11
	HAWKINS	48
	HAYWOOD	20
	HENDERSON	16
	HENRY	14
	HICKMAN	19
	HOUSTON	6
	HUMPHREYS	23
	JACKSON	14
	JEFFERSON	15
	JOHNSON	7
	KNOX	110
	LAKE	1
	LAUDERDALE	9
	LAWRENCE	41
	LEWIS	13
	LINCOLN	23
	LOUDON	16
	MACON	23
	MADISON	54
	MARION	19
	MARSHALL	38
	MAURY	38
	MCMINN	88
	MCNAIRY	8
	MEIGS	12
	MONROE	37
	MONTGOMERY	37
	MORGAN	11
	OBION	13
	OUT OF STATE C	2
	OVERTON	14
	PERRY	7
	POLK	5
	PUTNAM	25
	RHEA	21
	ROANE	43
	ROBERTSON	23
	RUTHERFORD	86
	SCOTT	24
	SEQUATCHIE	14
	SEVIER	20
	SHELBY	337

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	SMITH	13
	STEWART	2
	SULLIVAN	77
	SUMNER	56
	TIPTON	15
	TROUSDALE	10
	UNICOI	12
	UNION	12
	Unknown	18
	VAN BUREN	2
	WARREN	26
	WASHINGTON	30
	WAYNE	30
	WEALKLEY	38
	WHITE	5
	WILLIAMSON	17
	WILSON	55
	PHYSICAL THERAPY	
	BEDFORD	1
	MACON	1
	PHYSICIAN	
	BENTON	1
	BLOUNT	3
	BRADLEY	3
	CARTER	1
	CLAIBORNE	1
	COCKE	1
	CUMBERLAND	1
	DAVIDSON	2
	GIBSON	2
	HAMILTON	1
	JEFFERSON	1
	KNOX	6
	LOUDON	1
	MARION	1
	POLK	1
	PUTNAM	1
	RHEA	1
	SHELBY	3
	SULLIVAN	3
	WASHINGTON	3
	WEALKLEY	1
	WILLIAMSON	1
	PROCEDURE	

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	ANDERSON	1
	BLOUNT	1
	BRADLEY	1
	CAMPBELL	2
	CARTER	1
	DAVIDSON	1
	DYER	1
	GREEN	1
	HAMILTON	2
	MARION	1
	MEIGS	2
	MORGAN	1
	OVERTON	1
	POLK	2
	ROANE	1
	SEVIER	2
	SHELBY	1
	TIPTON	1
	WASHINGTON	1
	WILLIAMSON	1
	PSY. EVALUATION	
	BRADLEY	1
	MAURY	1
	REHABILITATION	
	GRAINGER	1
	SHELBY	1
	RESIDENTIAL TREAT	
	CUMBERLAND	1
	SHELBY	1
	RESIDENTIAL TREAT	
	ANDERSON	1
	BLOUNT	1
	BRADLEY	1
	DAVIDSON	1
	HAMILTON	1
	HOUSTON	1
	MAURY	1
	RHEA	1
	SHELBY	3
	WARREN	1
	WILLIAMSON	1
	WILSON	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	RESIDENTIAL TX LEV	
	GREEN	1
	ROBERTSON	1
	SULLIVAN	1
	WARREN	1
	RESIDENTIAL TX LEV	
	BLOUNT	1
	COFFEE	1
	HICKMAN	1
	JEFFERSON	1
	LOUDON	1
	MADISON	1
	ROANE	1
	RESIDENTIAL TX LEV	
	GILES	1
	MAURY	1
	RHEA	1
	RESIDENTIAL TX LEV	
	DAVIDSON	1
	KNOX	1
	MADISON	1
	SEVIER	2
	WILSON	1
	RESIDENTIAL TX LEV	
	DYER	1
	ROBERTSON	2
	RESIDENTIAL TX LEV	
	MAURY	1
	WASHINGTON	1
	STEP-DOWN REQ.	
	MADISON	1
	SEVIER	1
	THERA FOSTER CARE	
	COCKE	1
	DAVIDSON	1
	KNOX	2
	MAURY	1
	TRANSPORTATION	
	CARROLL	1

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CARTER	1
	DAVIDSON	1
	GIBSON	1
	HAMILTON	1
	HAWKINS	1
	JEFFERSON	1
	SHELBY	4
	UNKNOWN	
	BRADLEY	1
	COFFEE	1
	DAVIDSON	5
	HAMILTON	2
	KNOX	1
	LAUDERDALE	1
	MADISON	1
	MAURY	1
	MONTGOMERY	1
	OVERTON	1
	SEVIER	1
	SHELBY	2
	Unknown	403
	VISION	
	CARROLL	1
	COCKE	1
	DAVIDSON	1
	HAMILTON	1
	RUTHERFORD	1
	SHELBY	2
October 2001		
	A&D-INPATIENT-ADU	
	SULLIVAN	1
	A&D-PARTIAL HOSPI	
	SUMNER	1
	ACCESS TO SERVICES	
	ANDERSON	8
	BEDFORD	6
	BENTON	8
	BLEDSON	5
	BLOUNT	13
	BRADLEY	1
	CAMPBELL	15

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CANNON	1
	CARROLL	9
	CARTER	7
	CHEATHAM	9
	CHESTER	7
	CLAIBORNE	12
	CLAY	1
	COCKE	7
	COFFEE	10
	CROCKETT	7
	CUMBERLAND	10
	DAVIDSON	83
	DECATUR	4
	DEKALB	2
	DICKSON	7
	DYER	28
	FAYETTE	8
	FENTRESS	3
	FRANKLIN	13
	GIBSON	17
	GILES	5
	GREEN	6
	GRUNDY	4
	HAMBLEN	9
	HAMILTON	21
	HARDEMAN	15
	HARDIN	9
	HAWKINS	5
	HAYWOOD	14
	HENDERSON	13
	HENRY	17
	HICKMAN	4
	HOUSTON	2
	HUMPHREYS	2
	JACKSON	3
	JEFFERSON	6
	JOHNSON	5
	KNOX	45
	LAKE	10
	LAUDERDALE	14
	LAWRENCE	20
	LINCOLN	2
	LOUDON	5
	MACON	7
	MADISON	31
	MARION	7

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MARSHALL	11
	MAURY	15
	MCMINN	10
	MCNAIRY	9
	MEIGS	1
	MONROE	7
	MONTGOMERY	8
	MORGAN	3
	OBION	11
	OUT OF STATE C	2
	OVERTON	7
	PERRY	3
	PICKETT	1
	POLK	2
	PUTNAM	17
	RHEA	6
	ROANE	8
	ROBERTSON	4
	RUTHERFORD	14
	SCOTT	4
	SEQUATCHIE	1
	SEVIER	11
	SHELBY	197
	SMITH	1
	SULLIVAN	25
	SUMNER	34
	TIPTON	15
	TROUSDALE	8
	UNICOI	2
	UNION	1
	Unknown	6
	WARREN	14
	WASHINGTON	14
	WAYNE	8
	WEALKLEY	13
	WHITE	9
	WILLIAMSON	14
	WILSON	10

DENTAL

ANDERSON	3
BLEDSON	1
BLOUNT	2
BRADLEY	3
CARROLL	1
CARTER	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CHEATHAM	2
	CHESTER	1
	CLAIBORNE	1
	COFFEE	2
	CUMBERLAND	2
	DAVIDSON	10
	DECATUR	1
	DEKALB	2
	DICKSON	1
	DYER	1
	FAYETTE	1
	GIBSON	1
	HAMILTON	2
	HANCOCK	1
	HARDEMAN	1
	HICKMAN	1
	JACKSON	2
	KNOX	3
	LEWIS	1
	LINCOLN	1
	MACON	1
	MADISON	5
	MAURY	2
	MCMINN	1
	MONROE	5
	MONTGOMERY	1
	MORGAN	1
	OBION	2
	POLK	1
	PUTNAM	1
	RUTHERFORD	1
	SEQUATCHIE	1
	SHELBY	9
	SULLIVAN	7
	SUMNER	3
	VAN BUREN	2
	WARREN	3
	WAYNE	1
	WEALKLEY	1
	WILSON	3
	DME	
	BEDFORD	2
	BLEDSON	1
	BLOUNT	2
	BRADLEY	5

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CLAIBORNE	1
	COCKE	1
	COFFEE	1
	CROCKETT	1
	CUMBERLAND	1
	DAVIDSON	1
	FRANKLIN	2
	GIBSON	1
	GRAINGER	1
	HAMILTON	2
	HAWKINS	1
	HENRY	1
	JOHNSON	1
	KNOX	3
	LEWIS	1
	MADISON	1
	MARION	1
	MAURY	1
	MCMINN	1
	OBION	1
	OVERTON	1
	PUTNAM	1
	RUTHERFORD	3
	SEVIER	1
	SHELBY	6
	SULLIVAN	1
	SUMNER	2
	TIPTON	1
	UNICOI	1
	WILLIAMSON	2
	HOME HEALTH	
	CARROLL	1
	CARTER	1
	COFFEE	1
	CROCKETT	1
	GIBSON	1
	HAMILTON	1
	SHELBY	4
	SUMNER	1
	WASHINGTON	1
	HOSPITAL-INPATIENT	
	MCNAIRY	1
	HOSPITAL-OUTPATIENT	
	DICKSON	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
METHADONE TREAT		
	ANDERSON	1
	BRADLEY	1
	COFFEE	1
	DAVIDSON	9
	HAMBLEN	1
	HAMILTON	3
	HENRY	1
	KNOX	10
	LAUDERDALE	1
	LOUDON	1
	MAURY	2
	MCMINN	3
	MONROE	1
	OVERTON	2
	PUTNAM	2
	ROANE	2
	SEVIER	1
	SHELBY	4
	SUMNER	2
	Unknown	1
	WILSON	2
MH - RESPITE		
	CARTER	1
MH-INPATIENT-ADUL		
	ANDERSON	2
	BEDFORD	1
	BLEDSON	1
	BLOUNT	1
	CARROLL	1
	CARTER	2
	DAVIDSON	2
	DYER	1
	GIBSON	1
	MACON	1
	MCMINN	1
	MCNAIRY	2
	PERRY	1
	RHEA	1
	RUTHERFORD	1
	SHELBY	2
	SULLIVAN	1
	Unknown	2
	WEALKLEY	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MH-INPATIENT-CHIL	
	BEDFORD	1
	DAVIDSON	1
	HAMBLEN	1
	HUMPHREYS	1
	KNOX	1
	MORGAN	1
	SHELBY	1
	STEWART	1
	MH-OUTPATIENT-ADU	
	WARREN	1
	MH-OUTPATIENT-CHI	
	ANDERSON	1
	CAMPBELL	1
	HAWKINS	1
	NUTRITIONAL	
	GRAINGER	1
	KNOX	1
	LEWIS	1
	OTHER	
	ANDERSON	1
	BLEDSON	1
	BLOUNT	2
	BRADLEY	2
	CARTER	2
	CLAIBORNE	1
	COCKE	1
	COFFEE	1
	DAVIDSON	17
	DECATUR	1
	DEKALB	1
	DICKSON	3
	FRANKLIN	5
	GRUNDY	1
	HAMBLEN	2
	HAMILTON	6
	HAWKINS	1
	HAYWOOD	1
	HENRY	2
	JACKSON	1
	JEFFERSON	1
	KNOX	13

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	LAWRENCE	1
	LOUDON	4
	MADISON	1
	MARION	2
	MARSHALL	2
	MAURY	1
	MCMINN	1
	MONROE	2
	POLK	1
	RHEA	1
	ROANE	2
	SCOTT	3
	SEVIER	1
	SHELBY	8
	SULLIVAN	3
	SUMNER	2
	TROUSDALE	1
	UNION	1
	WASHINGTON	4
	WEALKLEY	1

PHARMACY

ANDERSON	44
BEDFORD	15
BENTON	15
BLEDSON	4
BLOUNT	33
BRADLEY	35
CAMPBELL	26
CANNON	24
CARROLL	21
CARTER	31
CHEATHAM	34
CHESTER	2
CLAIBORNE	91
CLAY	4
COCKE	29
COFFEE	41
CROCKETT	5
CUMBERLAND	14
DAVIDSON	252
DECATUR	9
DEKALB	20
DICKSON	34
DYER	13
FAYETTE	10

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	FENTRESS	25
	FRANKLIN	8
	GIBSON	22
	GILES	10
	GRAINGER	12
	GREEN	8
	GRUNDY	7
	HAMBLÉN	14
	HAMILTON	97
	HANCOCK	30
	HARDEMAN	7
	HARDIN	4
	HAWKINS	31
	HAYWOOD	5
	HENDERSON	7
	HENRY	5
	HICKMAN	17
	HOUSTON	4
	HUMPHREYS	24
	JACKSON	8
	JEFFERSON	22
	JOHNSON	12
	KNOX	185
	LAUDERDALE	6
	LAWRENCE	52
	LEWIS	27
	LINCOLN	42
	LOUDON	33
	MACON	14
	MADISON	36
	MARION	25
	MARSHALL	49
	MAURY	60
	MCMINN	49
	MCNAIRY	5
	MEIGS	11
	MONROE	41
	MONTGOMERY	48
	MOORE	4
	MORGAN	24
	OBION	9
	OUT OF STATE C	2
	OUT OF STATE N	1
	OVERTON	9
	PERRY	4
	PICKETT	2

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	PUTNAM	32
	RHEA	20
	ROANE	94
	ROBERTSON	19
	RUTHERFORD	93
	SCOTT	32
	SEQUATCHIE	15
	SEVIER	30
	SHELBY	282
	SMITH	15
	STEWART	4
	SULLIVAN	76
	SUMNER	83
	TIPTON	20
	TROUSDALE	16
	UNICOI	14
	UNION	21
	Unknown	36
	WARREN	42
	WASHINGTON	34
	WAYNE	24
	WEALKLEY	19
	WHITE	10
	WILLIAMSON	34
	WILSON	107
	PHYSICAL THERAPY	
	DYER	1
	MADISON	1
	SHELBY	3
	PHYSICIAN	
	ANDERSON	1
	BLOUNT	2
	BRADLEY	1
	CAMPBELL	1
	CANNON	1
	CARTER	3
	CHEATHAM	1
	COFFEE	1
	DAVIDSON	4
	DICKSON	1
	FENTRESS	1
	GILES	2
	HAMBLETON	2
	HAMILTON	3
	HAWKINS	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	JEFFERSON	1
	JOHNSON	1
	KNOX	4
	LOUDON	2
	MARION	1
	MCMINN	1
	MCNAIRY	1
	MEIGS	1
	MORGAN	1
	RHEA	1
	ROANE	2
	ROBERTSON	1
	RUTHERFORD	1
	SEVIER	1
	SHELBY	3
	SULLIVAN	5
	WARREN	1
	WILLIAMSON	1
	PROCEDURE	
	ANDERSON	1
	CARTER	2
	COFFEE	1
	DAVIDSON	2
	DECATUR	1
	DYER	1
	GILES	1
	HARDEMAN	1
	KNOX	4
	MORGAN	1
	OUT OF STATE C	1
	ROANE	1
	SCOTT	1
	SHELBY	5
	SULLIVAN	2
	Unknown	1
	WASHINGTON	4
	PSY. EVALUATION	
	DAVIDSON	1
	HARDEMAN	2
	KNOX	1
	QUALITY	
	HAMILTON	1
	MEIGS	1

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	REHABILITATION	
	HAMILTON	1
	RESIDENTIAL TREAT	
	MAURY	1
	RESIDENTIAL TREAT	
	ANDERSON	1
	BENTON	1
	BRADLEY	1
	CHESTER	1
	HARDIN	1
	KNOX	1
	LAWRENCE	1
	MONROE	1
	RUTHERFORD	1
	SEVIER	1
	RESIDENTIAL TX LEV	
	DYER	1
	RESIDENTIAL TX LEV	
	CARTER	1
	DAVIDSON	3
	MONROE	2
	ROANE	2
	WILSON	1
	RESIDENTIAL TX LEV	
	JOHNSON	1
	RESIDENTIAL TX LEV	
	BLOUNT	1
	GREEN	1
	HENRY	1
	HICKMAN	1
	MCMINN	1
	SEVIER	1
	WILSON	2
	RESIDENTIAL TX LEV	
	BLOUNT	1
	JOHNSON	1
	KNOX	2
	SPEECH THERAPY	
	COFFEE	2

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DAVIDSON	1
	MOORE	1
	SUMNER	1
	Unknown	1
	WILLIAMSON	1
	STEP-DOWN REQ.	
	SULLIVAN	1
	THERA FOSTER CARE	
	SUMNER	1
	UNION	1
	THERA FOSTER CARE	
	ANDERSON	1
	SHELBY	1
	THERA FOSTER CARE	
	MONTGOMERY	1
	SHELBY	1
	TRANSPORTATION	
	COFFEE	1
	GIBSON	1
	LAKE	1
	SHELBY	1
	SULLIVAN	1
	UNKNOWN	
	CARTER	1
	CHESTER	1
	DAVIDSON	6
	FRANKLIN	2
	GILES	1
	HARDEMAN	1
	HAWKINS	1
	HAYWOOD	1
	KNOX	3
	LOUDON	2
	MADISON	2
	MAURY	3
	MONROE	1
	MONTGOMERY	1
	ROANE	1
	SEVIER	1
	SHELBY	8
	SUMNER	4
	Unknown	728

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
VISION		
	CAMPBEL	1
	CHEATHAM	1
	DAVIDSON	2
	HAMBLEN	1
	HARDEMAN	1
	KNOX	1
	LINCOLN	1
	MONROE	1
	SHELBY	3
	WASHINGTON	1
	WILSON	1
November 2001		
A&D INPATIENT - AD		
	MADISON	1
	SULLIVAN	1
A&D OUTPATIENT - A		
	COCKE	1
	HAMBLEN	1
	RUTHERFORD	1
A&D RESIDENTIAL - A		
	SHELBY	1
	SUMNER	1
ACCESS TO SERVICES		
	ANDERSON	10
	BEDFORD	6
	BENTON	5
	BLOUNT	9
	BRADLEY	11
	CAMPBEL	6
	CANNON	1
	CARROLL	3
	CARTER	8
	CHEATHAM	2
	CLAIBORNE	6
	COCKE	4
	COFFEE	8
	CROCKETT	3
	CUMBERLAND	8
	DAVIDSON	63
	DECATUR	5

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DICKSON	7
	DYER	13
	FAYETTE	3
	FENTRESS	3
	FRANKLIN	10
	GIBSON	12
	GILES	4
	GREEN	1
	GRUNDY	6
	HAMBLEN	6
	HAMILTON	11
	HANCOCK	1
	HARDEMAN	7
	HARDIN	11
	HAWKINS	2
	HAYWOOD	9
	HENDERSON	2
	HENRY	12
	HICKMAN	7
	JACKSON	4
	JEFFERSON	3
	JOHNSON	1
	KNOX	38
	LAKE	3
	LAUDERDALE	7
	LAWRENCE	12
	LEWIS	1
	LOUDON	1
	MACON	7
	MADISON	15
	MARION	1
	MARSHALL	4
	MAURY	15
	MCMINN	6
	MCNAIRY	8
	MEIGS	1
	MONROE	4
	MONTGOMERY	12
	MOORE	1
	MORGAN	1
	OBION	15
	OUT OF STATE C	3
	OVERTON	4
	PERRY	3
	POLK	1
	PUTNAM	15

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Souce: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	RHEA	6
	ROANE	9
	ROBERTSON	5
	RUTHERFORD	14
	SCOTT	2
	SEQUATCHIE	2
	SEVIER	6
	SHELBY	135
	SMITH	2
	STEWART	1
	SULLIVAN	8
	SUMNER	7
	TIPTON	19
	TROUSDALE	1
	UNICOI	1
	Unknown	2
	WARREN	2
	WASHINGTON	8
	WAYNE	4
	WEALKLEY	7
	WHITE	2
	WILLIAMSON	6
	WILSON	10
	DCS - RESIDENTIAL T	
	BLOUNT	2
	CAMPBELL	1
	CARROLL	1
	COCKE	1
	DAVIDSON	1
	HAWKINS	1
	MONROE	1
	ROBERTSON	1
	SEVIER	1
	SUMNER	1
	DCS - RESIDENTIAL T	
	DICKSON	1
	GREEN	1
	SCOTT	1
	SULLIVAN	1
	DCS - RESIDENTIAL T	
	TIPTON	1
	WASHINGTON	1
	WEALKLEY	1

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
DCS - THERA FOSTER		
	DICKSON	1
DENTAL		
	ANDERSON	1
	BEDFORD	1
	BRADLEY	1
	CARTER	1
	CLAY	2
	COFFEE	3
	CUMBERLAND	2
	DAVIDSON	10
	DICKSON	1
	FRANKLIN	5
	GIBSON	2
	HAMILTON	1
	HENRY	1
	HICKMAN	1
	HOUSTON	2
	JOHNSON	1
	KNOX	1
	LAKE	1
	LAUDERDALE	1
	LAWRENCE	1
	LINCOLN	1
	MACON	1
	MADISON	1
	MAURY	1
	MCMINN	1
	MONTGOMERY	2
	OVERTON	2
	PUTNAM	3
	ROBERTSON	5
	RUTHERFORD	9
	SEVIER	2
	SHELBY	7
	SMITH	1
	SULLIVAN	3
	SUMNER	7
	WARREN	3
	WASHINGTON	2
	WHITE	3
	WILLIAMSON	1
	WILSON	2
DME		

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	BLOUNT	1
	CAMPBELL	1
	DAVIDSON	4
	DEKALB	1
	FENTRESS	1
	GREEN	1
	GRUNDY	1
	HAMILTON	1
	HARDIN	1
	HUMPHREYS	1
	JOHNSON	1
	KNOX	1
	MADISON	1
	MARION	1
	MAURY	1
	MEIGS	1
	RUTHERFORD	2
	SHELBY	5
	SULLIVAN	2
	Unknown	1
	WARREN	1
	WEAVER	2
	WILLIAMSON	1
	WILSON	1
	DME-PERSONAL CAR	
	HAMILTON	1
	HOME HEALTH	
	DAVIDSON	1
	HAMILTON	2
	LAWRENCE	1
	SHELBY	4
	SULLIVAN	1
	WARREN	1
	HOSPITAL-OUTPATIENT	
	CUMBERLAND	1
	MH - CRG ADD	
	HAMILTON	1
	MH - INPATIENT ACC	
	BRADLEY	1
	CHEATHAM	1
	GIBSON	1
	HAMBLETON	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAMILTON	3
	HARDEMAN	1
	LAWRENCE	1
	MONROE	1
	SEVIER	1
	SHELBY	3
	SULLIVAN	3
	SUMNER	1
	UNICOI	1
	WASHINGTON	1
	MH - INPATIENT ACC	
		0
	CROCKETT	1
	HAMILTON	1
	SULLIVAN	1
	MH - INPATIENT CON	
	DAVIDSON	2
	MH - INPATIENT CON	
	BLOUNT	1
	HAMILTON	1
	KNOX	1
	RUTHERFORD	1
	TIPTON	1
	MH - METHADONE TR	
		0
	ANDERSON	2
	BRADLEY	1
	CHESTER	1
	DAVIDSON	3
	HAMILTON	3
	HARDIN	2
	HENRY	3
	JEFFERSON	1
	KNOX	6
	LAKE	1
	LOUDON	1
	MAURY	2
	MCNAIRY	2
	OVERTON	1
	ROANE	6
	SHELBY	2
	SUMNER	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i> <i>County</i>	<i>Count</i>
	MH - OUTPATIENT AC	
	BRADLEY	1
	MH - OUTPATIENT AC	
	KNOX	1
	MH - RESIDENTIAL T	
	DAVIDSON	1
	DYER	1
	MADISON	1
	MONTGOMERY	1
	SULLIVAN	1
	SUMNER	1
	MH - RESIDENTIAL T	
	CLAIBORNE	1
	COFFEE	2
	DAVIDSON	2
	GIBSON	1
	KNOX	1
	RUTHERFORD	1
	WASHINGTON	1
	WILSON	1
	MH-INPATIENT-CHIL	
	SUMNER	1
	MR - DAY HABILITATI	
	KNOX	1
	MR - DENTAL	
	HARDEMAN	1
	MR - HOME IMPROVE	
	CARROLL	1
	MR - NURSING SERVI	
	ANDERSON	1
	MR - PERSONAL ASSIS	
	DAVIDSON	1
	MR - RESPITE	
	SHELBY	1
	MR - SUPPORTED LIVI	
	CARTER	1
	DAVIDSON	2

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DICKSON	1
	HAMILTON	1
	PUTNAM	2
	NUTRITIONAL	
	MAURY	1
	OCCUPATIONAL THE	
	SULLIVAN	1
	OTHER	
	ANDERSON	1
	BENTON	2
	BLOUNT	1
	CAMPBEL	1
	COFFEE	1
	DAVIDSON	8
	DICKSON	1
	DYER	1
	FENTRESS	2
	FRANKLIN	1
	HARDIN	1
	HAWKINS	1
	KNOX	4
	LAWRENCE	1
	MARION	1
	MAURY	2
	PUTNAM	1
	ROANE	1
	ROBERTSON	1
	SEVIER	1
	SHELBY	2
	SULLIVAN	1
	UNION	1
	Unknown	1
	WASHINGTON	4
	WHITE	1
	OTHER PROVIDER	
	CHEATHAM	1
	GREEN	1
	HARDEMAN	1
	HENRY	1
	PAIN MEDICINE	
	SCOTT	1
	PHARMACY	

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
		0
	ANDERSON	71
	BEDFORD	30
	BENTON	49
	BLEDSON	19
	BLOUNT	71
	BRADLEY	152
	CAMPBELL	54
	CANNON	35
	CARROLL	83
	CARTER	112
	CHEATHAM	120
	CHESTER	16
	CLAIBORNE	229
	CLAY	2
	COCKE	77
	COFFEE	112
	CROCKETT	36
	CUMBERLAND	41
	DAVIDSON	574
	DECATUR	12
	DEKALB	18
	DICKSON	68
	DYER	16
	FAYETTE	46
	FENTRESS	79
	FRANKLIN	54
	GIBSON	78
	GILES	33
	GRAINGER	45
	GREEN	85
	GRUNDY	29
	HAMBLETON	87
	HAMILTON	424
	HANCOCK	107
	HARDEMAN	50
	HARDIN	17
	HAWKINS	128
	HAYWOOD	34
	HENDERSON	51
	HENRY	22
	HICKMAN	30
	HOUSTON	21
	HUMPHREYS	36
	JACKSON	37
	JEFFERSON	72

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	JOHNSON	45
	KNOX	472
	LAKE	9
	LAUDERDALE	24
	LAWRENCE	135
	LEWIS	37
	LINCOLN	97
	LOUDON	61
	MACON	43
	MADISON	197
	MARION	103
	MARSHALL	91
	MAURY	72
	MCMINN	192
	MCNAIRY	42
	MEIGS	28
	MONROE	163
	MONTGOMERY	118
	MOORE	6
	MORGAN	25
	OBION	59
	OUT OF STATE C	17
	OVERTON	21
	PERRY	12
	PICKETT	5
	POLK	17
	PUTNAM	37
	RHEA	54
	ROANE	123
	ROBERTSON	52
	RUTHERFORD	210
	SCOTT	92
	SEQUATCHIE	54
	SEVIER	67
	SHELBY	1268
	SMITH	29
	STEWART	14
	SULLIVAN	281
	SUMNER	171
	TIPTON	54
	TROUSDALE	26
	UNICOI	31
	UNION	52
	Unknown	1
	VAN BUREN	4
	WARREN	77

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	WASHINGTON	118
	WAYNE	48
	WEALKLEY	56
	WHITE	24
	WILLIAMSON	60
	WILSON	189
	PHY HOSP ACCESS IN	
	JACKSON	1
	PHYSICAL THERAPY	
	CANNON	1
	KNOX	1
	PHYSICIAN	
	ANDERSON	1
	BEDFORD	1
	BLOUNT	1
	BRADLEY	2
	CAMPBEL	1
	CANNON	1
	CARTER	2
	DAVIDSON	2
	DICKSON	1
	HAMBLN	1
	HAMILTON	3
	HUMPHREYS	1
	JEFFERSON	1
	JOHNSON	1
	KNOX	9
	LOUDON	1
	MARION	2
	MAURY	1
	MCMINN	1
	MONTGOMERY	2
	POLK	1
	ROANE	2
	SHELBY	1
	STEWART	1
	SULLIVAN	1
	WILLIAMSON	1
	WILSON	1
	PROCEDURE	
	BRADLEY	1
	HAMBLN	2
	HAMILTON	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	JEFFERSON	1
	KNOX	1
	LAKE	1
	LAUDERDALE	1
	MADISON	1
	MONTGOMERY	1
	ROANE	1
	SHELBY	4
	SULLIVAN	2
	WASHINGTON	1
	QUALITY	
	WEALKLEY	1
	REHABILITATION	
	MONTGOMERY	1
	SHELBY	1
	SPEECH THERAPY	
	MAURY	1
	TRANSPORTATION	
	ANDERSON	1
	BEDFORD	1
	DAVIDSON	2
	HAMILTON	1
	SHELBY	3
	SUMNER	1
	UNKNOWN	
		0
	ANDERSON	3
	BEDFORD	1
	BENTON	3
	BLEDSON	1
	BLOUNT	2
	BRADLEY	6
	CAMPBELL	2
	CANNON	2
	CARROLL	3
	CARTER	12
	CHEATHAM	7
	CHESTER	3
	CLAIBORNE	7
	COCKE	4
	COFFEE	6
	CUMBERLAND	6

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	DAVIDSON	34
	DEKALB	4
	DICKSON	2
	DYER	2
	FENTRESS	3
	FRANKLIN	1
	GIBSON	2
	GILES	2
	GRAINGER	1
	GREEN	3
	GRUNDY	1
	HAMBLEN	3
	HAMILTON	26
	HANCOCK	1
	HARDEMAN	3
	HARDIN	3
	HAWKINS	8
	HAYWOOD	6
	HENDERSON	1
	HICKMAN	3
	HOUSTON	1
	HUMPHREYS	1
	JEFFERSON	3
	JOHNSON	1
	KNOX	34
	LAUDERDALE	2
	LAWRENCE	9
	LEWIS	2
	LINCOLN	7
	LOUDON	6
	MACON	1
	MADISON	14
	MARION	3
	MARSHALL	4
	MAURY	10
	MCMINN	4
	MCNAIRY	3
	MEIGS	1
	MONROE	12
	MONTGOMERY	11
	MOORE	1
	MORGAN	1
	OBION	2
	OVERTON	1
	POLK	1
	PUTNAM	4

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	RHEA	2
	ROANE	7
	ROBERTSON	2
	RUTHERFORD	20
	SCOTT	3
	SEQUATCHIE	1
	SEVIER	8
	SHELBY	52
	SMITH	2
	SULLIVAN	11
	SUMNER	14
	TIPTON	5
	TROUSDALE	2
	UNICOI	2
	UNION	3
	Unknown	778
	VAN BUREN	2
	WARREN	6
	WASHINGTON	3
	WAYNE	3
	WEALKLEY	7
	WHITE	1
	WILLIAMSON	5
	WILSON	22
	VISION	
	COFFEE	1
	DICKSON	1
	MAURY	1
	MONTGOMERY	1
	PUTNAM	1
	WILSON	3

December 2001

A&D INPATIENT - AD

SEVIER	1
SUMNER	1

A&D INPATIENT - CHI

SULLIVAN	1
WILSON	1

A&D OUTPATIENT - A

SHELBY	1
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A&D RESIDENTIAL - A

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	SULLIVAN	1
	ACCESS TO SERVICES	
	BENTON	1
	BLOUNT	1
	LAWRENCE	1
	SUMNER	1
	ANESTHESIA	
	BLOUNT	1
	HAWKINS	1
	CARDIOLOGY	
	GREEN	1
	DCS - PSYCHIATRIC E	
	MAURY	1
	DCS - RESIDENTIAL T	
	BLOUNT	1
	COCKE	2
	DAVIDSON	1
	HAWKINS	1
	KNOX	1
	DCS - RESIDENTIAL T	
	BLOUNT	1
	DAVIDSON	2
	HAWKINS	1
	DCS - RESIDENTIAL T	
	DICKSON	1
	HAMILTON	1
	HUMPHREYS	1
	KNOX	1
	OBION	1
	DCS - RESIDENTIAL T	
	WILSON	1
	DCS - RESIDENTIAL T	
	SUMNER	1
	DCS - THERA FOSTER	
	MONTGOMERY	1
	DENTAL - ORAL SURG	
	BLOUNT	1
	CLAIBORNE	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>County</i>	<i>Count</i>
		COFFEE	1
		DAVIDSON	1
		DEKALB	1
		HOUSTON	1
		RUTHERFORD	1
		SEQUATCHIE	2
		SHELBY	2
		WEALKLEY	1
	DENTAL - ORTHODON		
		CHEATHAM	1
		DAVIDSON	2
		FENTRESS	1
		MONROE	1
		STEWART	1
	DENTAL - PREVENTIV		
		FENTRESS	1
	DME-DIABETIC SUPPL		
		BRADLEY	1
		CHESTER	1
		CROCKETT	1
		DAVIDSON	4
		GREEN	1
		HAMILTON	1
		HICKMAN	1
		JEFFERSON	1
		MADISON	1
		MARION	2
		MAURY	1
		MCMINN	1
		ROBERTSON	1
		SHELBY	13
		SULLIVAN	3
		WILSON	1
	DME-MISCELLANEOU		
		OUT OF STATE C	1
	DME-ORTHO SUPPLIE		
		MAURY	1
	DME-PERSONAL CAR		
		HENRY	1
		LAWRENCE	1
		MONTGOMERY	1
		SHELBY	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	SULLIVAN	1
	DME-RESP/CARDIO-P	
	DAVIDSON	1
	RUTHERFORD	1
	SULLIVAN	1
	WASHINGTON	1
	DME-WHEELCHAIR/M	
	PUTNAM	1
	EAR, NOSE & THROAT	
	BLEDSON	1
	LOUDON	1
	EMERGENCY SERVICE	
	HAMILTON	2
	MARSHALL	1
	GASTROENTEROLOG	
	WASHINGTON	1
	HOME HEALTH	
	CAMPBELL	1
	HAMILTON	1
	SHELBY	1
	HOSPITAL INPATIENT	
	DAVIDSON	1
	FRANKLIN	1
	HAMILTON	1
	HOSPITAL OUTPATIENT	
	MCMINN	1
	MH - INPATIENT ACC	
	ANDERSON	1
	BEDFORD	1
	CARTER	1
	CUMBERLAND	1
	GREEN	1
	HAMILTON	1
	HARDEMAN	1
	HAWKINS	1
	ROANE	1
	SHELBY	3
	SULLIVAN	5
	WILLIAMSON	1

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MH - INPATIENT ACC	
	KNOX	1
	PUTNAM	1
	MH - INPATIENT CON	
	CARTER	1
	CLAIBORNE	1
	KNOX	1
	SULLIVAN	1
	SUMNER	1
	MH - INPATIENT CON	
		0
	DAVIDSON	1
	HAMILTON	1
	MARSHALL	1
	MONROE	1
	PUTNAM	1
	ROANE	1
	MH - METHADONE TR	
	BLOUNT	1
	CHEATHAM	1
	COFFEE	1
	DAVIDSON	2
	GILES	1
	GRAINGER	1
	HAMILTON	4
	HENRY	3
	HUMPHREYS	1
	JACKSON	1
	KNOX	5
	MARION	1
	MCMINN	1
	MORGAN	1
	OBION	1
	OVERTON	2
	PUTNAM	1
	ROANE	3
	ROBERTSON	1
	RUTHERFORD	1
	SHELBY	5
	WEALKLEY	1
	WILSON	1
	MH - OUTPATIENT AC	

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAMILTON	1
	MH - OUTPATIENT AC	
	KNOX	1
	MH - OUTPATIENT RE	
	SEVIER	1
	MH - PSYCHOLOGICA	
	DAVIDSON	1
	MH - RESIDENTIAL T	
		0
	CROCKETT	1
	HAWKINS	1
	WILSON	1
	MH - RESIDENTIAL T	
		0
	HAMBLEN	1
	HAMILTON	1
	SHELBY	1
	MR - DAY HABILITATI	
	MONTGOMERY	1
	MR - DENTAL	
	KNOX	1
	LOUDON	1
	MR - NURSING SERVI	
	WILLIAMSON	1
	MR - PERSONAL ASSIS	
	ANDERSON	1
	CARROLL	1
	RUTHERFORD	1
	MR - SUPPORTED LIVI	
	DAVIDSON	1
	GREEN	1
	HAMILTON	1
	MONTGOMERY	1
	RUTHERFORD	1
	WHITE	1
	NURSING SERVICES	
	MONTGOMERY	1

<i>Month</i>	<i>Type Service</i> <i>County</i>	<i>Count</i>
	NUTRITIONAL SERVI	
	DAVIDSON	1
	SHELBY	1
	WILSON	1
	OBGYN	
	FAYETTE	1
	MADISON	1
	MAURY	1
	SHELBY	1
	TIPTON	1
	WHITE	1
	ORTHOPEDICS	
	CHEATHAM	1
	KNOX	1
	MAURY	1
	WASHINGTON	1
	OTHER	
	SHELBY	1
	OTHER PROVIDER	
		0
	BENTON	2
	BLEDSON	1
	BLOUNT	3
	BRADLEY	5
	CHESTER	1
	COCKE	1
	COFFEE	2
	DAVIDSON	2
	DEKALB	2
	DICKSON	2
	FAYETTE	1
	FENTRESS	1
	GRAINGER	1
	GREEN	1
	HAMILTON	5
	HARDEMAN	1
	HENRY	1
	HOUSTON	1
	KNOX	3
	LAUDERDALE	1
	LAWRENCE	1
	MADISON	8

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MARION	1
	MCMINN	1
	MONROE	1
	MONTGOMERY	4
	OUT OF STATE C	2
	PERRY	2
	PUTNAM	1
	RHEA	2
	ROBERTSON	1
	RUTHERFORD	4
	SHELBY	57
	SULLIVAN	5
	SUMNER	4
	TIPTON	6
	WARREN	1
	WHITE	1
	WILLIAMSON	1
	WILSON	1
	PCP IN-NETWORK	
	ANDERSON	1
	CUMBERLAND	1
	GIBSON	1
	KNOX	1
	MONTGOMERY	3
	RUTHERFORD	1
	SUMNER	1
	WASHINGTON	1
	PCP OUT-OF-NETWOR	
		0
	CAMPBEL	1
	GREEN	1
	KNOX	1
	ROANE	1
	PHARMACY	
		0
	ANDERSON	64
	BEDFORD	35
	BENTON	43
	BLEDSON	21
	BLOUNT	58
	BRADLEY	129
	CAMPBEL	56
	CANNON	35
	CARROLL	53

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	CARTER	91
	CHEATHAM	72
	CHESTER	6
	CLAIBORNE	171
	CLAY	4
	COCKE	68
	COFFEE	67
	CROCKETT	47
	CUMBERLAND	28
	DAVIDSON	422
	DECATUR	11
	DEKALB	8
	DICKSON	78
	DYER	31
	FAYETTE	24
	FENTRESS	57
	FRANKLIN	36
	GIBSON	56
	GILES	23
	GRAINGER	42
	GREEN	58
	GRUNDY	24
	HAMBLEN	65
	HAMILTON	403
	HANCOCK	60
	HARDEMAN	36
	HARDIN	18
	HAWKINS	120
	HAYWOOD	27
	HENDERSON	32
	HENRY	29
	HICKMAN	36
	HOUSTON	18
	HUMPHREYS	32
	JACKSON	30
	JEFFERSON	61
	JOHNSON	33
	KNOX	358
	LAKE	5
	LAUDERDALE	22
	LAWRENCE	113
	LEWIS	34
	LINCOLN	71
	LOUDON	50
	MACON	34
	MADISON	140

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	MARION	93
	MARSHALL	80
	MAURY	101
	MCMINN	161
	MCNAIRY	20
	MEIGS	33
	MONROE	141
	MONTGOMERY	94
	MOORE	3
	MORGAN	15
	OBION	41
	OUT OF STATE C	10
	OVERTON	12
	PERRY	13
	PICKETT	1
	POLK	22
	PUTNAM	47
	RHEA	39
	ROANE	119
	ROBERTSON	45
	RUTHERFORD	192
	SCOTT	68
	SEQUATCHIE	37
	SEVIER	41
	SHELBY	928
	SMITH	30
	STEWART	1
	SULLIVAN	249
	SUMNER	133
	TIPTON	45
	TROUSDALE	19
	UNICOI	51
	UNION	35
	Unknown	3
	VAN BUREN	7
	WARREN	60
	WASHINGTON	101
	WAYNE	42
	WEALKLEY	62
	WHITE	16
	WILLIAMSON	59
	WILSON	161
	PHY HOSP ACCESS IN	
	KNOX	1
	PHYSICIAN	

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	HAWKINS	1
	PSYCHIATRY	
	KNOX	1
	RADIOLOGY	
	SEVIER	1
	WILLIAMSON	1
	TRANSPORTATION	
	ANDERSON	1
	HENRY	1
	HICKMAN	1
	HUMPHREYS	1
	MONTGOMERY	1
	RUTHERFORD	1
	SHELBY	2
	UNKNOWN	
		0
	ANDERSON	18
	BEDFORD	10
	BENTON	8
	BLEDSON	5
	BLOUNT	22
	BRADLEY	26
	CAMPBELL	8
	CANNON	3
	CARROLL	6
	CARTER	16
	CHEATHAM	11
	CHESTER	5
	CLAIBORNE	6
	CLAY	3
	COCKE	6
	COFFEE	12
	CROCKETT	8
	CUMBERLAND	14
	DAVIDSON	118
	DECATUR	10
	DEKALB	7
	DICKSON	15
	DYER	23
	FAYETTE	14
	FENTRESS	11
	FRANKLIN	7
	GIBSON	21

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	GILES	12
	GRAINGER	3
	GREEN	14
	GRUNDY	5
	HAMBLEN	18
	HAMILTON	57
	HANCOCK	1
	HARDEMAN	16
	HARDIN	8
	HAWKINS	10
	HAYWOOD	4
	HENDERSON	2
	HENRY	25
	HICKMAN	13
	HOUSTON	1
	HUMPHREYS	4
	JACKSON	2
	JEFFERSON	15
	KNOX	75
	LAKE	4
	LAUDERDALE	10
	LAWRENCE	18
	LEWIS	4
	LINCOLN	7
	LOUDON	8
	MACON	5
	MADISON	41
	MARION	4
	MARSHALL	12
	MAURY	16
	MCMINN	19
	MCNAIRY	9
	MEIGS	5
	MONROE	17
	MONTGOMERY	26
	MOORE	1
	MORGAN	3
	OBION	14
	OUT OF STATE C	6
	OUT OF STATE N	1
	OVERTON	9
	PERRY	3
	PICKETT	1
	POLK	4
	PUTNAM	16
	RHEA	5

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Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

<i>Month</i>	<i>Type Service</i>	<i>Count</i>
	<i>County</i>	
	ROANE	14
	ROBERTSON	13
	RUTHERFORD	28
	SCOTT	9
	SEQUATCHIE	1
	SEVIER	16
	SHELBY	156
	STEWART	5
	SULLIVAN	34
	SUMNER	25
	TIPTON	13
	TROUSDALE	2
	UNICOI	3
	UNION	11
	Unknown	72
	WARREN	9
	WASHINGTON	15
	WAYNE	8
	WEALKLEY	13
	WHITE	3
	WILLIAMSON	16
	WILSON	25
	UROLOGY	
	SHELBY	1
	VISION - MEDICAL EY	
	CHEATHAM	1
	LAWRENCE	1
	VISION - PREVENTIVE	
	SEVIER	1

Summary for Type Service by Month
July 2001 - December 2001

Type Service	07/01/01	08/01/01	09/01/01	10/01/01	11/01/01	12/01/01
A&D ASSESSMENT	5	1	2	2		
A&D INPATIENT - ADULT	4				2	2
A&D INPATIENT - CHILD	2					2
A&D OUTPATIENT - ADULT	4				3	1
A&D RESIDENTIAL - ADULT	3				2	1
A&D-INPATIENT-ADULT	12	3	5	3	1	
A&D-INPATIENT-CHILD	2	1	1			
A&D-PARTIAL HOSPITAL-CHILD	5	4			1	
ACCESS TO SERVICES	5901	2042	1300	717	1108	730
ANESTHESIA	3	1				
CARDIOLOGY	1					
CHIROPRACTIC	1	1				
DCS - PSYCHIATRIC EVALUATION	1					
DCS - RESIDENTIAL TX LEVEL 2	17					11
DCS - RESIDENTIAL TX LEVEL 2 A&D	8					4
DCS - RESIDENTIAL TX LEVEL 3	8					3
DCS - RESIDENTIAL TX LEVEL 3 DUAL D	1					
DCS - RESIDENTIAL TX LEVEL 3 SEX OFNDR	1					
DCS - THERA FOSTER CARE LEVEL II	2					1
DENTAL	364	43	65	61	99	96
DENTAL - ORAL SURGERY	12					
DENTAL - ORTHODONTIA (BRACES)	6					
DENTAL - PREVENTIVE	1					
DME	191	24	47	33	53	34
DME-DIABETIC SUPPLIES	34					
DME-MISCELLANEOUS REHAB	1					
DME-ORTHO SUPPLIES	1					
DME-PERSONAL CARE ITEMS	6					1
DME-RESP/CARDIO-PULM SUPPLIES	4					
DME-WHEELCHAIR/MOBILITY AIDS	1					
EAR, NOSE & THROAT	2					
ELIGIBILITY	2	1	1			
EMERGENCY SERVICES	7	1	3			
EPSDT	5	2	3			
GASTROENTEROLOGY	1					
HOME HEALTH	59	7	17	10	12	10
HOSPITAL INPATIENT/REIMB/BILLING	3					
HOSPITAL OUTPATIENT/REIMB/BILLING	1					
HOSPITAL-INPATIENT	2	1			1	
HOSPITAL-OUTPATIENT	3		1		1	1
INDEPENDENT LIVING	1			1		
MED. EVALUATION	1		1			
METHADONE TREATMENT	156	37	36	32	51	
MH - CRG ADD	1					
MH - INPATIENT ACCESS - ADULT	38					
MH - INPATIENT ACCESS - CHILD	6					
MH - INPATIENT CONTINUATION - ADULT	7					
MH - INPATIENT CONTINUATION - CHILD	12					
MH - METHADONE TREATMENT	80					
MH - OUTPATIENT ACCESS - ADULT	2					
MH - OUTPATIENT ACCESS - CHILD	2					
MH - OUTPATIENT REIMB/BILLING	1					
MH - PSYCHOLOGICAL TESTING	1					

1/30/2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

Summary for Type Service by Month
July 2001 - December 2001

MH - RESIDENTIAL TREATMENT - ADULT	10					6	4
MH - RESIDENTIAL TREATMENT - CHILD	15					10	5
MH - RESPITE	1				1		
MH-INPATIENT-ADULT	56	16	11	4	25		
MH-INPATIENT-CHILD	23	1	8	5	8	1	
MH-OUTPATIENT-ADULT	2	1			1		
MH-OUTPATIENT-CHILD	16	5	3	5	3		
MOVE/PARENTS REQ.	2	1	1				
MR - DAY HABILITATION	2					1	1
MR - DENTAL	3					1	2
MR - HOME IMPROVEMENT	1					1	
MR - NURSING SERVICES	2					1	1
MR - PERSONAL ASSISTANCE	4					1	3
MR - RESPITE	1					1	
MR - SUPPORTED LIVING	13					7	6
NURSING SERVICES	1						1
NUTRITIONAL	5			1	3	1	
NUTRITIONAL SERVICES	3						3
OBGYN	6						6
OCCUPATIONAL THERAPY	1					1	
ORTHOPEDICS	4						4
OTHER	540	186	125	77	108	43	1
OTHER PROVIDER	148					4	144
PAIN MEDICINE	1					1	
PCP IN-NETWORK	10						10
PCP OUT-OF-NETWORK	5						5
PHARMACY	39781	9431	8196	2914	3095	8929	7216
PHY HOSP ACCESS INPT REHAB	2					1	1
PHYSICAL THERAPY	15	5	1	2	5	2	
PHYSICIAN	308	76	95	39	54	43	1
PROCEDURE	151	44	34	25	30	18	
PSY. EVALUATION	9	2	1	2	4		
PSYCHIATRY	1						1
QUALITY	4		1		2	1	
RADIOLOGY	2						2
REHABILITATION	6		1	2	1	2	
RESIDENTIAL TREATMENT-ADULT	6	2	1	2	1		
RESIDENTIAL TREATMENT-CHILD	53	15	14	14	10		
RESIDENTIAL TX LEV 1	5			4	1		
RESIDENTIAL TX LEV 2	25	3	6	7	9		
RESIDENTIAL TX LEV 2 A&D	13	4	5	3	1		
RESIDENTIAL TX LEV 3	23	7	2	6	8		
RESIDENTIAL TX LEV 3 SEX OFNDR	7	3	1	3			
RESIDENTIAL TX LEV 4	7	1		2	4		
SPEECH THERAPY	13	2	3		7	1	
STEP-DOWN REQ.	3			2	1		
THERA FOSTER CARE LEVEL I	8		1	5	2		
THERA FOSTER CARE LEVEL II	4	1	1		2		
THERA FOSTER CARE LEVEL III	2				2		
TRANSPORTATION	51	10	8	11	5	9	8
UNKNOWN	5432	711	739	421	768	1311	1482
UROLOGY	1						1
VISION	67	18	20	7	14	8	
VISION - MEDICAL EYE CARE	2						2

1/30/2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

Summary for Type Service by Month
July 2001 - December 2001

VISION - PREVENTIVE VISION	1						1
Totals: 53872 12714 10760 4422 5502 11377 9097							

1/30/2002

Source: AATS, DCS, MATS, MR, and ProLaw

Data subject to change due to lag in data entry for August, September, and October 2001.

Attachment B

Instructions to MCOs regarding “Modifier 25”



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
729 CHURCH STREET
NASHVILLE, TENNESSEE 37247-6501

MEMORANDUM

TO: MCO Executive Directors

FROM: ^{SB} Susie Baird, Director of Program Development

SUBJECT: Billings for EPSDT Screenings

DATE: October 23, 2001

This memorandum is written to respond to questions that have come up regarding billings for EPSDT screenings.

Minimum Screening Rate

As you know, we are all working hard to increase our screening rate. **Section 2-9.d.3** of the Contractor Risk Agreement (CRA) states that "the minimum required Adjusted Periodic Screening Percentage (APSP) for FY 02 shall be the average APSP for FFY 01." The average APSP for FFY 01 was 31.5%. Therefore, the *minimum* APSP that an MCO can achieve to avoid penalties in the current fiscal year is 31.5%.

With respect to the incentive payments mentioned in this section, MCOs are eligible for an incentive payment when they increase their individual APSP for last year by 10%, and an additional incentive payment when they reach 60%. Still more incentive payments are available when the MCO achieves a 70% and an 80% APSP. (MCOs which were operating last year have already been informed of their individual APSPs for FFY 01. For MCOs which were not operating last year, we will consider your individual APSP to be the "group APSP" for FFY 01, or 31.5%.)

Coding

As a reminder, **Sections 2-2.q** and **2-3.a.3** of the CRA say that you will educate providers about appropriate EPSDT coding and monitor their compliance. We want to make sure that there are no MCO policies in place which could discourage physicians and other

providers from performing EPSDT screens. The correct codes for screens are the preventive medicine codes which have already been sent to you. (See attachment.)

We are hearing some concerns from providers regarding "modifier -25" ("significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service"). Sometimes children come in for screens, and the physician performs the screen but also treats otitis media or some other problem he or she finds in the course of the screen. Similarly, if a child comes in for treatment of a problem such as otitis media but is well enough to get an EPSDT screen while he or she is in the office, the physician may go ahead and perform the screen in addition to the "sick child" visit. *Please make certain that your payment policies do not discourage providers from performing and reporting screens.* We know that you will want to be sure every screen performed shows up in your encounter data.

Prior Authorizations

As stated in **Section 2-4.a** of the Contractor Risk Agreement, EPSDT screens do not have to be medically necessary. EPSDT screens are supposed to be performed at regular intervals, but "interperiodic screens" can occur at any time. *Therefore, there should be no reason why prior authorization should be required before payment for an EPSDT screen is made, as long as the screen is provided by a network provider, including health departments.* If the child is eligible for TennCare on the day of the screen and if the provider is a network provider (either a private provider or a health department), then there should be no basis for denying payment for the screen.

Payment of Health Departments

Section 2-3.n.2 of the CRA requires that all MCOs contract with local health departments in their service areas for provision of EPSDT services until such time as the MCO achieves an APSP of 80% or greater. Since no MCO has yet achieved an APSP of 80%, this requirement applies to all MCOs. Required reimbursement amounts to health departments are included in this section.

Until your MCO reaches an APSP of 80%, you should not deny health department claims for payment of EPSDT screenings on the basis that the child should have gone to his or her PCP first. Similarly, you should not deny the PCP's claims for payment of EPSDT screens if the child has already been seen at the health department. You are encouraged to develop procedures for communication between PCPs and health departments. In your contracts with health departments that are required by Section 2-3.n.2, you may outline the referral procedures you wish them to use, but *you may not refuse to pay them at the amounts stated in the CRA for EPSDT screenings.*

Please let me know if you have questions about this matter.

cc: Mark Reynolds
Denise Neely
E. Conrad Shackelford, Jr., MD
Peter Sybinsky

Matthew Moore
Jack Welch
Bettie Woodson
Ken Okolo
MCO EPSDT Coordinators
Joe McLaughlin, Ph.D.
Wendy Long, M.D.
Steve Hopper

Codes for Use in Documenting EPSDT Screens

CPT-4 codes: Preventive Medicine Services

99381 New Patient under one year
99382 New Patient (ages 1-4 years)
99383 New Patient (ages 5-11 years)
99384 New Patient (ages 12-17 years)
99385 New Patient (ages 18-39 years)
99391 Established patient under one year
99392 Established patient (ages 1-4 years)
99393 Established patient (ages 5-11 years)
99394 Established patient (ages 12-17 years)
99395 Established patient (ages 18-39 years)
99431 Newborn care (history and examination)
99432 Normal newborn care

or

CPT-4 codes: Evaluation and Management Codes

99201-99205 New Patient
99211-99215 Established Patient

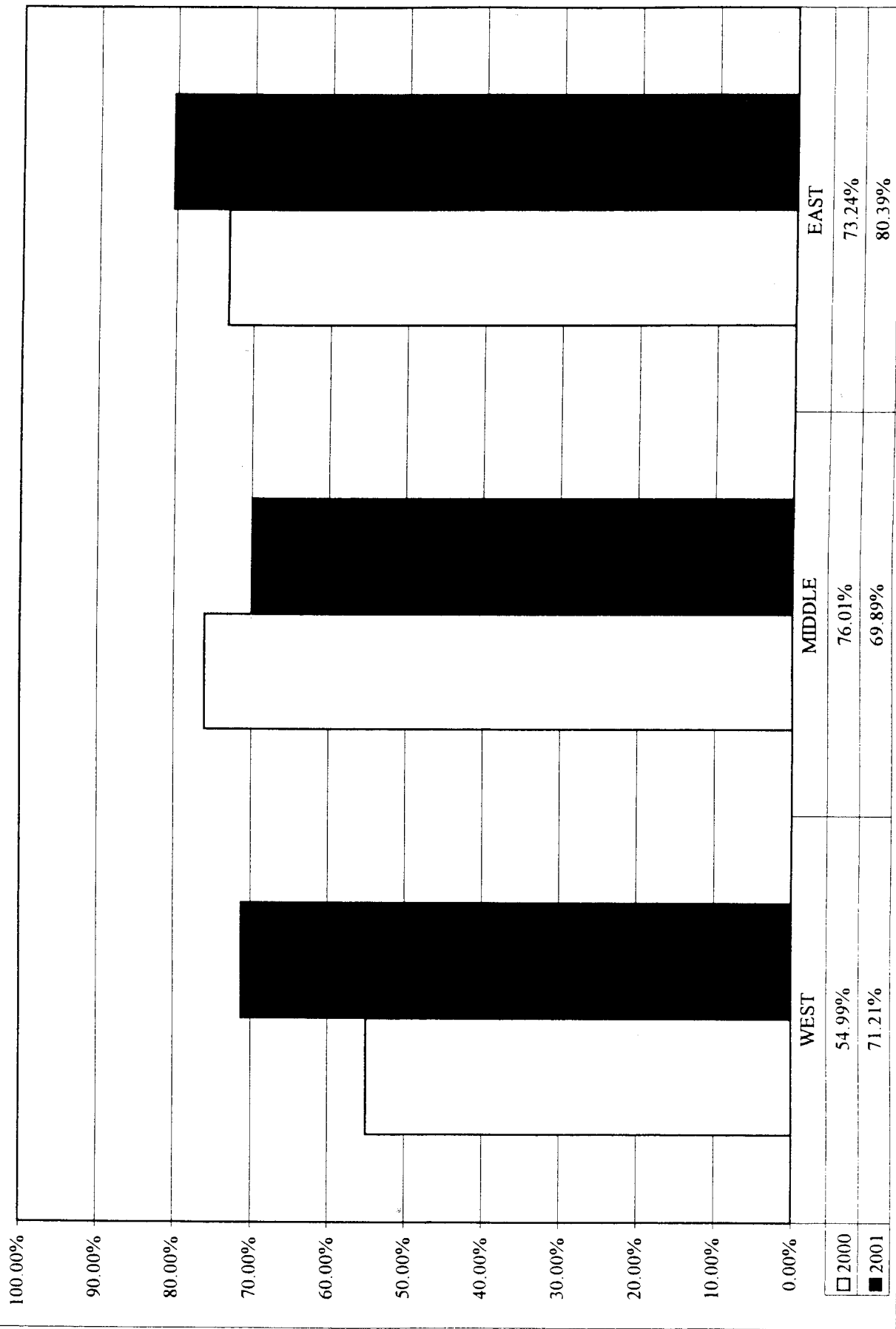
NOTE: These CPT-4 codes must be used in conjunction with codes V20-V20.2 and/or V70.0 and/or V70.3-70.9.

Attachment C

Summary of Changes in Medical Record Review Findings from 2000 to 2001

Regional Comparison of 2000 and 2001 EPSDT Medical Record Reviews

Percent of Records Reviewed that Contained Documentation for the 7 Components



Attachment D

DCS Screening Information

**Table 1: Department of Children's Services Completion Rates
of EPSDT Screens by Region as of November 30, 2001 (Cumulative)**

Region	Total Number of Children to be Screened	Number of Children with EPSDT Screens Completed within the Past 365 Days	% with EPSDT Screens Completed within the Past 365 Days
Davidson	729	652	89.44%
East Tennessee	982	836	85.13%
Hamilton	513	481	93.76%
Knox	462	449	97.19%
Mid Cumberland	1,189	1,165	97.98%
Northeast	707	645	91.23%
Northwest	270	261	96.67%
Shelby	1,298	1,216	93.68%
South Central	483	436	90.27%
Southeast	465	436	93.76%
Southwest	664	635	95.63%
Upper Cumberland	505	464	91.88%
Department Totals	8,267	7,676	92.85%

Data pulled from TN KIDS extract dated 1/15/02

Page 1 of 1

Tennessee Department of Children's Services
Policy, Planning and Research Division
Thursday, January 17, 2002

**Table 2: Department of Children's Services Completion Rates
of Dental Screens by Region as of November 30, 2001 (Cumulative)**

Region	Children Age 3+ to be Screened	Number of Children with Dental Screens completed within the Past 365 Days	% with Dental Screens Completed within the Past 365 Days
Davidson	647	520	80.37%
East Tennessee	903	662	73.31%
Hamilton	458	415	90.61%
Knox	410	389	94.88%
Mid Cumberland	1,066	1,020	95.68%
Northeast	647	543	83.93%
Northwest	237	211	89.03%
Shelby	1,144	939	82.08%
South Central	431	343	79.58%
Southeast	404	344	85.15%
Southwest	606	548	90.43%
Upper Cumberland	441	384	87.07%
Department Totals	7,394	6,318	85.45%

Data pulled from TN KIDS extract dated 1/15/02

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Tennessee Department of Children's Services
Policy, Planning and Research Division
Thursday, January 17, 2002

Table 3: Department of Children's Services EPSDT Screens Completed within 30 Days for Children Entering Custody During November 2001

Region	*Total Number of Children Entering Custody	Number of Children with EPSDT Screens within the Past 365 Days	Total Number of children Entering Custody Needing EPSDT Screens	Number of Children with EPSDT Screens Completed within 30 Days of Entering Custody	% with EPSDT Screens Completed within 30 Days
Davidson	41	4	37	28	75.68%
East Tennessee	64	6	58	40	68.97%
Hamilton	31	1	30	22	73.33%
Knox	24	5	19	15	78.95%
Mid Cumberland	59	2	57	51	89.47%
Northeast	46	11	35	26	74.29%
Northwest	14	0	14	13	92.86%
Shelby	28	3	25	12	48.00%
South Central	42	2	40	21	52.50%
Southeast	35	13	22	20	90.91%
Southwest	36	3	33	20	60.61%
Upper Cumberland	30	3	27	16	59.26%
Department Totals	450	53	397	284	71.54%

*Note: Children who entered custody and stayed less than 30 days during this reporting period were not included in this column as being eligible for the EPSDT screen.

Data pulled from TN KIDS extract dated 1/15/02

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Tennessee Department of Children's Services
Policy, Planning and Research Division
Thursday, January 17, 2002

Attachment E

Provision of Dental Services by Health Departments, SFY 02

Tennessee Department of Health Oral Health Initiatives: Six-Month Synopsis

Introduction

Recent studies conducted by the Tennessee Department of Health (TDH) reveal that indigent children in Tennessee are at highest risk for oral diseases and have less access to preventive dental services and dental care than affluent children. In order that all children in Tennessee benefit from preventive dental services, as well as improved access to dental care, the Tennessee Department of Health entered into a partnership with the Bureau of TennCare to begin implementation of two public health dental initiatives. The first initiative entitled, "**Dental Special Needs Project**" involves nonrecurring funding to support expansion and improvement of public health dental infrastructure in 22 counties. The second initiative entitled, "**School-Based Dental Prevention Project**" provides recurring funding for all regions to conduct statewide public health school-based oral disease prevention programs. Preventive services conducted in the school-based programs include dental screenings, referrals, dental sealants, TennCare oral evaluations, and dental outreach services for children attending public grade schools where 50 percent or more of the student population participates in the school lunch program. In addition to these initiatives TDH has provided funding for the purchase of three mobile dental clinics.

Oral Health Initiatives

Dental Special Needs Project

- a) Special needs grants

School-Based Dental Prevention Project

- a) Recruitment and Training
- b) Procurement of Equipment and Supplies
- c) Service Delivery

Mobile Dental Clinics

IV. Problems and Solutions

Current Status of Initiatives

Dental Special Needs Project

- a) Special needs grants were awarded in 22 counties for new dental construction, renovation, and dental equipment purchases to modernize dental facilities in local health departments. Currently, 4 counties Cannon, Cumberland, Monroe, and Putnam counties have completed additions, renovations, or upgrades. The remainder of special needs projects are at various stages from finalizing architectural designs to completing construction.

II. School-Based Dental Prevention Project

- a) **Recruitment and Training.** Funding through a contract with the Bureau of TennCare supports the establishment of 102 new dental positions statewide for the school-based program including 51 positions for the rural regions and 51 positions for the metro regions. To date, 32 of the allotted positions have been filled in the rural regions and 30 have been filled in the metro regions. Approximately 5 of 7 rural regions and 4 of 6 metro regions are still in the process of recruiting and training dental staff for the project.
- b) **Procurement of Equipment and Supplies.**
All of the regions are still in the process of ordering portable dental equipment and supplies necessary for supporting personnel hired to conduct school-based programs. After considerable delay associated with the competitive bid process, most of the equipment ordered in the rural regions is being delivered.
- c) **Service Delivery.** Although all regions are not fully staffed and operational, limited service delivery has begun. All 7 rural regions and 3 of the 6 metropolitan regions including Davidson, Knox, and Hamilton counties are delivering some school-based oral disease prevention services. The following table presents cumulative figures covering the first six-month period from July through December.

Report Period: Jul -Dec 2001 Region: Statewide
(Month) (Year)

Program	Number of Schools	Number of Non-School Sites	Number of Teeth	Number of Recipients
Dental Screening				
1. General	196	109		49,867
2. Referred for Treatment				12,568
Periodic Oral Evaluations (D0120S)	65	37		4,490
Dental Sealants	84	11	29,694	6,168

COMMENTS:

* Oral health education conducted in classrooms by dental hygienists is considered to be a standard procedure in school-based dental public health programs.

† Dental outreach activities include provision of informational material for TennCare enrollment purposes and follow-up contacts for TennCare recipients identified as having unmet dental needs who are experiencing difficulty accessing dental care.

III. Mobile Dental Clinics

To further improve access for underserved children residing in rural counties lacking public health dental facilities, TDH has purchased two high-tech mobile dental clinics for counties in the Mid-Cumberland and Northeast Regions. These mobile clinics have been built and are ready for delivery. A third mobile dental clinic is in the process of being ordered for the West Tennessee Region and includes plans for outfitting it with telemedicine equipment which would allow

for specialty consults with the University of Tennessee College of Dentistry.

IV. Problems & Solutions

The start-up process associated with this initiative has been significant from hiring, training, purchasing equipment and supplies as well as coordinating our efforts with the school systems. Funding for the metropolitan health departments required amendments to their multi-service contracts with TDH. A new salary range for state dental hygienists had to be established and approved in order to be successful in hiring hygienists working in the private sector. New state positions for each type of dental classification had to be created. The necessary standard steps involved in the hiring process have been followed and require a substantial investment of time. TDH did not receive approval until October to hire its first staff person for the school-based program.

Several hundred thousand dollars worth of dental equipment and supplies had to go through a competitive bid process prior to being awarded to a vendor. The magnitude of the requisitions required that certain types of equipment be built since the demand exceeded the available supply of existing stock. TDH and the Department of General Services also spent a significant amount of time establishing a state price contract for all dental supplies and small equipment items to make future ordering more efficient and timely. Coordination between hiring staff and purchasing equipment to support incoming staff has been problematic. Placing new staff in the field for training until the new equipment arrived has mitigated but not eliminated this problem.

It is unrealistic to think there would not be some problems associated with planning, implementing, and evaluating projects of this magnitude especially when such projects coincide with a state budget crisis. Although some hurdles have been experienced in the early stages of this project, which have led to uncontrollable delays in meeting certain timelines, none have been too large to overcome and relatively speaking remarkable progress has been made to date.

Attachment F

Proposed BHO Monitoring Plan for Children's Mental Health Services

Performance Indicator Monitoring Plan – Children & Youth Draft

**Research & Analysis
TennCare Partners**

November 1, 2001

This document describes the set of core, critical performance indicators we will monitor for children and youth currently enrolled in TennCare, including those youth enrolled through Partners II. Please note that this plan is an addendum to the more general monitoring plan in development.

For each of the basic areas, we require the ability to disaggregate each measure by region, age, sex, race, service area and population type, as defined below.

Region

We recommend that regions be defined as the standard CSA regions:

1 First TN	4 Upper Cumberland	7 Northwest TN	10 Hamilton County
2 East TN	5 Mid-Cumberland	8 Southwest TN	11 Knox County
3 Southeast TN	6 South Central	9 Davidson County	12 Shelby County
13 Misc. (Out of State & Unknown)			

Organizing the regions this way has the added benefit of making it possible to collapse the regions into the seven Mental Health Planning regions and/or into the five RMHI regions.¹

Age

We recommend that age, wherever possible, be defined as follows:

Under 4	4 to 12	13 to 17	18 to 20
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While this level of specificity may not be possible for all indicators, at a minimum we will need a distinction between services for youth/children (up to and including age 17) and adults with access to specific C&Y services, such as EPSDT (age 18 through 20).

Race

We recommend that race, wherever possible, be defined as follows:

Caucasian	Black/African-American	Hispanic	Other	Unknown
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While this level of specificity grossly distorts the racial and ethnic demographics of the state, it is unlikely that we will be able to measure these categories any more cleanly than the above.

Service Area

We recommend that service area, wherever possible, be defined as follows:

Outpatient Medical	Outpatient Non-medical	Day Treatment
MH Case Management	Mobile Crisis Services	Specialized Crisis Respite
Crisis Respite	SA/Detox Treatment – Inpatient	SA Treatment – Outpatient
24 Hour Residential Treatment	Pharmacy/Testing Services	EPSDT
Psychiatric Hospitalization		

Population Type

Population types are as follows:

SED	SA	Dual Diagnoses (MH/MR)	Uninsured/Uninsurable
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¹ Two counties, Franklin and Cannon, which are in the Southeast and Upper Cumberland CSAs, respectively, are not in their corresponding Mental Health Planning Region (they are included in Region 5 instead of Region 3).

Medicaid

DCS

Judicial

Co-Occuring Diagnoses (MH/SA)

While this level of specificity may not be possible for all indicators, at a minimum we need to be able to distinguish the SED, Medicaid and DCS populations. For clarification, a substance abuse (SA) consumer will be defined as anyone who has been given a substance abuse or dependency diagnosis within the last year.

Level of Service

In addition to the ways of disaggregating the data mentioned above, if recent suggested changes in the TennCare system occur, we will need to look at all indicators by the following levels of service: Medicaid, Standard and Assist.

Example

As an example, indicator II.1. Service Utilization, is described as follows:

Rate of Service Utilized 1,000 Enrollees

Following the recommended levels of detail above, we would expect to be able to measure this indicator in the following ways:

By region and/or
By sex and/or

By age group and/or
By service type and/or

By race and/or
By population type

So, for example, we should be able to measure the utilization rate of Inpatient Psychiatric service for Caucasian Male Children under 13 in Davidson county, who are diagnosed as SED. Though some measures will be less useful when this is finely disaggregated, the more detail available, the more opportunities we have to explore differences in the population being served by TennCare Partners.

That said, we are also well aware that this level of measurement will necessitate changes in data collection for AdvoCare and, very possibly, for the providers themselves.

We need to make every effort possible to ensure that all participants (i.e., the Bureau of TennCare, DCS, TDMHDD, AdvoCare and all the providers) understand the proposed data collection requirements and that they are advised of the strategies we can make available to them for collecting this data in a rigorous and appropriate manner.

I. Administrative Performance Indicators

Administrative performance indicators measure the ability of the system to serve its customers in a timely and accurate fashion.

Administrative Indicator 1: Timeliness of Complaint Resolution**Goal**

To ensure that children and youth receiving benefits from TennCare have reliable and efficient access to those benefits and, when services are not covered, that individuals understand why.

Indicators

See Schaller Anderson "Behavioral Health Action Plan" document.

Rationale for Inclusion

Members deserve the most efficient and reliable service we can give them. When services are not covered, or when members have complaints about the process, they deserve fast and accurate explanations and solutions.

Issues

Schaller Anderson has developed a comprehensive monitoring plan for TennCare Partners complaints and appeals. We will work in conjunction with them to ensure monitoring of this indicator.

Sources of Information

See Schaller Anderson "Behavioral Health Action Plan" document.

Reporting Specifications

See Schaller Anderson "Behavioral Health Action Plan" document.

Administrative Indicator 2: Credentialing/Recredentialing of Completed Provider Files**Goal**

To ensure that children and youth receiving benefits from TennCare have reliable and efficient access to those benefits through licensed, credentialed providers. To ensure that providers desiring to be in our network are processed quickly and efficiently (maximum processing time of 180 days).

Indicators

Number of days to process completed provider files

Monthly audit of provider licensure

Rationale for Inclusion

Members deserve the most efficient and reliable service we can give them. This includes our guarantee that providers within the network are licensed and meet credentialing standards. In addition, providers who apply to be in the BHO's network should be processed quickly so that they can be available to our members as quickly as possible.

Issues

Provider file processing time data is not currently available to us from DCS and/or AdvoCare. We get our first Provider master file from DCS on 11/4/01.

Sources of Information

Credentialing data from AdvoCare and DCS

Licensure database

Provider master file

Reporting Specifications

Timing: Quarterly monitoring, beginning in November 2001

Suggested Audience: Internal only through two monitoring cycles; public thereafter

Administrative Indicator 3: Claims Processed Clean in 30 Days

Goal

To ensure that children and youth receiving benefits from TennCare have reliable and efficient access to those benefits and that services received from those benefits are paid expeditiously.

Indicators

Claim payment rates

Rationale for Inclusion

Members deserve the most efficient and reliable service we can give them. This includes our assurance that providers will be reimbursed accurately and expeditiously for their services.

Issues

AdvoCare submits all claim data to the Tennessee Department of Commerce & Insurance on a quarterly basis. We review the reports from TDCI. We need to ensure that there are separate reports for children and youth.

Sources of Information

AdvoCare claim data (e.g., receipts, claims processed, claims pending) submitted to TDCI
TDCI quarterly reports on AdvoCare claim processing

Reporting Specifications

Timing: Quarterly review of TDCI reports, beginning with next report

Suggested Audience: Internal only through two monitoring cycles; public thereafter

II. Network of Service Performance Indicators

The service utilization performance indicators measure the ability of the system to provide the appropriate services (at the appropriate levels of service) to our members in a timely fashion. The contract specifies thirty three indicators of service, grouped into three main areas of interest – service availability, service accessibility and service continuity. Though our hope is to monitor all thirty-three indicators on a regular basis, we believe that an immediate focus on the following five indicators is required. As with all indicators, every effort will be made to disaggregate each network of service indicator by each of the criteria listed in the introductory section.

Network of Service Indicator 1: Time Between Request for Services and Clinical Appointment

Goal

To ensure that children and youth receive services on a timely basis. Members requesting non-urgent services should receive a clinical appointment within 14 days; members requesting an urgent service should receive a clinical appointment within 3 days.

Indicators

Average time between [request type] and clinical appointment

Rate of requests of [request type] without clinical appointment within goal range

Note: Indicators are measured by BHO and by provider.

Request Type

Request type is either Non-urgent or Urgent.

Rationale for Inclusion

Requests for services should be handled quickly and efficiently.

Issues

Only clinical appointments will be included in the measure. Intake appointments, though necessary, are not a valid indicator of service performance.

Sources of Information

Encounter data

Reporting Specifications

Timing: Initial reports monthly, beginning in November.

Suggested Audience: Internal only through January; public thereafter

Network of Service Indicator 2: Time Between Need for Service and Receipt of Service

Goal

To ensure that children and youth receive services on a timely basis. Outpatient service should be available within 3 days; Crisis service should be available within 1 hour; Respite service should be available within 2 hours; Rehab for the priority population should be available within 14 days.

Indicators

Average time between need and receipt of [service type]

Rate of need of [service type] outside goal time

Note: Indicators are measured by BHO and by provider.

Service Type

Service type is one of the following:

Crisis services, Respite services, Outpatient services, Housing, Rehab/Detox

Rationale for Inclusion

Requests for services should be handled quickly and efficiently.

Sources of Information

Encounter data

BHIS

DCS Data TBD

Reporting Specifications

Timing: Initial reports monthly, beginning in December.

Suggested Audience: Internal only through January; public thereafter

Network of Service Indicator 3: Time from Crisis Service to Outpatient Visit

Goal

To ensure that children and youth receive services on a timely basis. Members who have received crisis service should receive outpatient services as quickly as possible.

Indicators

Average time between end of crisis service and first clinical outpatient visit

Rate of service transfers (from crisis to outpatient) met within [time period]

Note: Indicators are measured by BHO and by provider.

Time Period

Time Period is one of the following:

Within 3 Days, Within 15 Days, Within 30 Days, Over 30 Days

Rationale for Inclusion

Children and youth who receive crisis services require immediate follow-up attention to ensure successful resolution of their difficulties.

Sources of Information

Encounter data

Reporting Specifications

Timing: Initial reports monthly, beginning in November.

Suggested Audience: Internal only through January; public thereafter

Network of Service Indicator 4: Services Within an Acceptable Distance of Consumer

Goal

To ensure that children and youth across the state have coverage in their areas for all necessary services. All members should have access to inpatient, outpatient, case management, employment services, respite services, a mobile crisis team and to pharmacy and lab services within 30 miles of their home. All members should have access to 24-hour residential treatment facilities within 60 miles of their home.

Indicators

Geoplotting of provider services by [service type]

Service Type

Service type is one of the following:

Inpatient services, outpatient services, case management, employment services, respite services, mobile crisis team, pharmacy and lab services, 24-hour residential treatment facilities

Rationale for Inclusion

Access to services is a fundamental requirement of the TennCare Partners Program. We need to ensure that all areas of the state have adequate coverage for all necessary services.

Issues

An ad hoc committee is studying provider network problems. A letter was sent to AdvoCare on 9/20/01 detailing a list of concerns about provider availability.

We receive our first DCS provider master file on 11/05/01. We have not plotted DCS-related services before, nor have we verified DCS-related provider information.

Sources of Information

Geoaccess data (BHO and DCS)

Provider master file (BHO and DCS)

Eligibility file (BHO and DCS)

Reporting Specifications

Timing: Quarterly basis; next report in November 2001.

Suggested Audience: Internal only through December; public thereafter

Network of Service Indicator 5: Census of Dually Diagnosed Participants

Goal

To ensure that children and youth who are dually diagnosed (MH/MR) are receiving the services they require.

Indicators

Demographic and clinical census of members diagnosed as having both MH and MR needs

Rationale for Inclusion

Members with dual diagnoses require treatment strategies that are often more complex than simply combining two separate treatments. We need to determine how the system is responding to members who are dually diagnosed.

Issues

We are only beginning to assess the dually diagnosed populations in our member base. Data may be difficult to obtain.

Sources of Information

Eligibility data

Encounter data

BHIS

DCS data

MR data

Reporting Specifications

Timing: Quarterly, beginning in January.

Suggested Audience: Internal only through April; public thereafter

Network of Service Indicator 6: Census of Co-Occurrence Participants

Goal

To ensure that members who are co-occurring diagnoses (MH/SA) are receiving the services they require.

Indicators

Demographic and clinical census of members diagnosed as having both MH and SA needs

Rationale for Inclusion

Members with dual diagnoses require treatment strategies that are often more complex than simply combining two separate treatments. We need to determine how the system is responding to members who are dually diagnosed.

Issues

We are only beginning to assess the dually diagnosed populations in our member base. Data may be difficult to obtain.

Sources of Information

Eligibility data

Encounter data

BHIS

SA data

Reporting Specifications

Timing: Quarterly, beginning in January.

Suggested Audience: Internal only through April; public thereafter

III. Clinical Performance Indicators

The clinical performance indicators measure the ability of the system to provide services to its members. The contract specifies eighteen indicators of service, focussing primarily on application of criteria. Though our hope is to monitor all eighteen indicators on a regular basis, we believe that an immediate focus on the following five indicators is required. As with all indicators, every effort will be made to disaggregate each clinical performance indicator by each of the criteria listed in the introductory section.

Clinical Indicator 1: Service Utilization

Goal

To ensure the appropriate array of services and to ensure access to the appropriate level of care for enrollees who meet medically necessary guidelines for a particular service.

Rate of Service Utilized 1,000 Enrollees

Rationale for Inclusion

If not the primary performance measure we have, it certainly ranks at the top since it is through the utilization measure that we determine which services are being used, underused, or aren't available for use. Service Utilization is actually a set of measures, as it can be disaggregated by region, age, sex, race, service area, population type, or any combination of those characteristics.

Issues

TennCare's definition of SED may differ from definitions used by the federal government and service agencies not under contract with TennCare. Though this does not affect our measure of service utilization, it may affect comparisons with other states and with national benchmarks.

Determining the utilization rates for case management will not detail the type of case management a person is receiving.

Sources of Information

Encounter data
Eligibility data
BHIS data

Reporting Specifications

Timing: Monthly, beginning in November.

Suggested Audience: Internal only through December; public availability quarterly, beginning Jan 2002

Clinical Indicator 2: Inpatient Utilization (Admissions & ALOS to Psychiatric Facilities) and Relationship to Outpatient Utilization

Goal

To ensure that as inpatient psychiatric utilization (admissions and ALOS) decreases there is a corresponding increase in utilization of outpatient psychiatric services.

To improve the collaboration between inpatient and outpatient settings so that discharge planning occurs in a coordinated and timely manner.

Rate of Admissions to [Facility Type]
1,000 Enrollees Served

Rate of ALOS of [Facility Type]
1,000 Enrollees Served

Rationale for Inclusion

A major goal is to provide services in the least restrictive environment, particularly community based alternatives to psychiatric hospitalization and other restrictive settings. Major outcomes of the development of community-based systems of care are the reduced utilization of unnecessary psychiatric inpatient care and the discharge of individuals back into the community within reasonable time frames and with needed services in place.

Facility Type

Facility type is either RMHI Inpatient Psychiatric or Non-RMHI Inpatient Psychiatric.

If possible, we should consider further delineating facility type by sub-type of non-RMHI facility (e.g., Type I, Type II, etc.) and/or by RMHI program type and/or unit (e.g., Adult Acute, Adult non-Acute, Geriatric, etc.).

Issues

For children, restrictive settings include 'residential treatment programs' that are not included in psychiatric inpatient data. This is also true for the substance abuse population.

We need to determine a reliable way of relating inpatient utilization to outpatient utilization, a component of this indicator not covered in the measures above.

Populations served by the RMHIs may have characteristics different from those served at non-RMHIs (such as higher rates of violent incidents, aggression and long hospitalization histories).

Availability of suitable and affordable housing, step-down placements, less intensive levels of out-of-home placements and other community based services directly impacts the ability of a behavioral health care system to discharge individuals into the community in an appropriate and timely manner.

Sources of Information

Encounter data
Eligibility data
BHIS data

Reporting Specifications

Timing: Monthly, beginning in November.

Suggested Audience: Internal only through December; public thereafter

Clinical Indicator 3: Inpatient Utilization (Readmission Rates)

Goal

To improve coordination between inpatient and outpatient providers and to improve access to services upon discharge, therefore decreasing unnecessary readmissions to inpatient psychiatric settings.

Rate of Readmissions to [Facility Type] Indexed Discharges 1,000 Enrollees Served

Note: Readmission rates should be calculated for the following periods after discharge:

- | | |
|-----------------|--------------|
| a. ≤ 7 days | c. ≤ 30 days |
| b. 31 – 90 days | d. > 90 days |

Rationale for Inclusion

Inpatient and outpatient providers must collaborate and coordinate their two systems of care. Discharge planning must include input from the outpatient providers so that a smooth transition can occur and that outpatient services are available immediately upon discharge. We must ensure that those individuals who are discharged from inpatient settings meet medically necessary discharge criteria and are psychiatrically and medically stable. Not only does this provide a necessary quality of care for the individual, it significantly reduces the costs associated with inpatient care.

Facility Type

Facility type is either RMHI Inpatient Psychiatric or Non-RMHI Inpatient Psychiatric.

If possible, we should consider further delineating facility type by sub-type of non-RMHI facility (e.g., Type I, Type II, etc.) and/or by RMHI program type and/or unit (e.g., Adult Acute, Adult non-Acute, Geriatric, etc.).

Issues

For children, restrictive settings include 'residential treatment programs' that are not included in psychiatric inpatient data. This is also true for the substance abuse population.

Populations served by the RMHIs may have characteristics different from those served at non-RMHIs (such as higher rates of violent incidents, aggression and long hospitalization histories).

Availability of suitable and affordable housing, step-down placements, less intensive levels of out-of-home placements and other community based services directly impacts readmission rates.

Sources of Information

Encounter data
Eligibility data
BHIS data

Reporting Specifications

Timing: Quarterly, beginning in October.

Suggested Audience: Internal only through January; public thereafter

Clinical Indicator 4: Crisis Response

Goal

To ensure a crisis response system that provides appropriate alternatives to unnecessary psychiatric hospitalization.

Rate of Diversion from Inpatient Hospitalization

1,000 Contacts

Rationale for Inclusion

Crisis response service is a key service that addresses the goal of community based alternatives to hospitalization.

Issues

Not all individuals served by crisis response services have TennCare coverage, and therefore all those served may not have access to needed outpatient services. Additionally, this indicator may need to be calculated by county rather than region to appropriately reflect any differences in response time for urban versus rural areas that may not have a local crisis response team.

Sources of Information

Encounter data

Crisis response reports

Reporting Specifications

Timing: Initially monthly, beginning in December.

Suggested Audience: Internal only through January; public availability quarterly, beginning in January

Clinical Indicator 5: Rate of SA Continuum of Care

Goal

To ensure appropriate step down of services as a substance abuse consumer leaves any level of care for a less intensive level of care..

Unduplicated count of SA consumers receiving Service 1 that stepped down to Service 2
Unduplicated Substance Abuse Consumers

Note: In order to be included in the numbers, a person has to have been admitted and discharged within the given time period from service 1. Any person still involved in an active treatment cycle in service 1 would be excluded in the count.

Rationale for Inclusion

Success of substance abuse treatment is increased if appropriate step-down services are provided.

Issues

It's currently unclear whether the public substance abuse treatment programs have the necessary data available.

Sources of Information

Encounter data

BHIS

Reporting Specifications

Timing: Dependent on data availability; working goal is quarterly report, beginning in December

Suggested Audience: Internal only through December; public thereafter

Clinical Indicator 6: EPSDT UtilizationGoal

To ensure early periodic screening diagnosis and treatment standards are met for our children and youth population.

EPSDT Service

1,000 Members in Age Category

Rationale for Inclusion

EPSDT ensures that children and youth at risk are diagnosed and treated as quickly as possible so that the effectiveness of the treatment is maximized.

Sources of Information

Encounter data

Eligibility data

Issues

Pending completion of the fully specified EPSDT indicator document.

Reporting Specifications

Timing: Dependent on data availability; working goal is quarterly report, beginning in November

Suggested Audience: Internal only through January; public thereafter

Individual screens / diag categories

IV. Outcome Measures

Outcome measures provide information on the "success" of the services we provide. The contract specifies thirty separate outcome measures which are grouped into three main areas: (1) changes in mental health status, (2) changes in levels of functioning and (3) consumer satisfaction with services. As with all indicators, every effort will be made to disaggregate each outcome indicator by each of the criteria listed in the introductory section.

Outcome measures are among the most difficult to attain because they usually require post-treatment data that may not be available from state sources. We need to closely examine the outcome measures detailed in the contract to determine the availability of the data needed, focussing specifically on the following.

Outcome Indicator 1: Substance Abuse Outcomes

Goal

To ensure that children and youth receiving substance abuse services are experiencing improvement in life functioning.

Indicator

Measures over time of patient status in specified critical areas (e.g., employment, criminal justice involvement, substance use)

Rationale for Inclusion

The primary goal of treatment is ensuring that the services received have had positive affect on the individual's life.

Issues

Outcome measures such as this require additional post-treatment data collection. Though some information can be derived from state sources (e.g., criminal justice involvement or return to SA program), many others (e.g., employment, substance use) cannot. We need a reasonable plan for collecting the latter types of data.

Sources of Information

Encounter data
BHIS
TOMIS

Reporting Specifications

Timing: Dependent on data availability; working goal is yearly report, beginning in Jan 2002 (for FY 2000-2001)

Suggested Audience: Public

Outcome Indicator 2: Follow-up Census of SED Participants

Goal

To ensure that individuals designated as SED are experiencing improvement in life functioning over time.

Indicator

Measures over time of patient status in the following specified critical areas:

SED Children and Youths

School success

Housing placement

Substance Abuse

Case Management

Criminal Justice Involvement

Rationale for Inclusion

The primary goal of treatment is ensuring that the services received have had positive affect on the individual's life.

Issues

Outcome measures such as this require additional post-treatment data collection. Though some information can be derived from state sources (e.g., criminal justice involvement or return to SA program), many others (e.g., employment, substance use) cannot. We need a reasonable plan for collecting the latter types of data.

Additionally, we need to determine if we are monitoring for a consumer's long-term involvement in the criminal justice system or juvenile court involvement. If we are going to monitor for juvenile court involvement, it needs to be decided whether these consumers should be separated out to dependent/neglect from delinquent.

Sources of Information

Encounter data

BHIS

TDOC TOMIS

DCS TennKids

Reporting Specifications

Timing: Dependent on data availability; working goal is yearly report, beginning in Jan 2002 (for FY 2000-2001)

Suggested Audience: Public

Outcome Indicator 3: Follow-up Census of Inpatients

Goal

To ensure that individuals who have received inpatient care are experiencing improvement in life functioning.

Indicator

Measures over time of patient status in the following specified critical areas:

Inpatient Children and Youths

School success
Housing placement
Substance Abuse
Case Management
Forensic tracking
DCS Involvement

Rationale for Inclusion

The primary goal of treatment is ensuring that the services received have had a positive effect on the individual's life.

Issues

Outcome measures such as this require additional post-treatment data collection. Though some information can be derived from state sources (e.g., criminal justice involvement or return to SA program), many others (e.g., employment, substance use) cannot. We need a reasonable plan for collecting the latter types of data.

Sources of Information

Encounter data
BHIS
Eligibility data
TDOC TOMIS
DCS TennKids

Reporting Specifications

Timing: Dependent on data availability; working goal is yearly report, beginning in Jan 2002 (for FY 2000-2001)

Suggested Audience: Public

Outcome Indicator 4: Provider Satisfaction

Goal

To ensure that providers in our network receive the information and services they need to serve members as efficiently as possible.

Indicator

See AdvoCare's Provider Satisfaction survey, distributed annually.

Rationale for Inclusion

Providers in our network can only be efficient when they are given the information and services they need to run their businesses.

Issues

Since AdvoCare develops and administers the survey there is a potential for response bias. In the future, TennCare and TDMHDD will have more responsibility in the planning, administration and analysis of the survey.

Sources of Information

AdvoCare Provider Satisfaction survey

Reporting Specifications

Timing: AdvoCare currently administers survey and publishes report on a yearly basis

Suggested Audience: Public

Outcome Indicator 5: Member Satisfaction

Goal

To ensure that children and youth receive the services they require in a timely and efficient manner.

Indicator

See AdvoCare's Member Satisfaction survey, distributed annually.

Rationale for Inclusion

Member satisfaction is the 'other side' to determining the efficiency and effectiveness of our system, telling us how members believe we are meeting their needs. This, coupled with measures of service utilization, network availability and outcomes, gives us a more complete picture of the program as a whole.

Issues

Since AdvoCare develops and administers the survey there is a potential for response bias. In the future, TennCare and TDMHDD will have more responsibility in the planning, administration and analysis of the survey.

Sources of Information

AdvoCare Member Satisfaction survey

Reporting Specifications

Timing: AdvoCare currently administers survey and publishes report on a yearly basis

Suggested Audience: Public

Attachment G

EPSDT Monitoring Activities of the Office of Contract Development and Compliance

BUREAU OF TENNCARE
OFFICE OF CONTRACT DEVELOPMENT AND COMPLIANCE
Semi-Annual EPSDT REPORT
July 1, 2001 to December 31, 2001

MONITORING ACTIVITIES (Key Area #5)

DEVIATION	PROJECT	REVIEW DATE	COMPLIANCE CRITERIA	STATUS/COMMENTS	OCDC CORRECTIVE ACTION PLAN
Quality Oversight	EPSDT Compliance	7/6/01	Monitored Compliance	Plan of Correction submitted timely by each MCC	N/A
Contract Compliance	Dental Provider Manual <i>Universal Care</i>	7/9/01	EPSDT language review	Outlined six EPSDT criteria for inclusion in manual	N/A
Contract Compliance	Vision Provider Manual <i>Universal Care</i>	7/9/01	EPSDT language review	Outlined six EPSDT criteria for inclusion in manual	N/A
Contract Compliance	2 nd Quarter 2001 Update Specialty Provider Review	8/1/01	Monitored MCC compliance with providing PCPs and Case Managers with quarterly update of specialty providers	All MCCs provider acceptable documentation	N/A
Provider Networks	Prenatal Networks <i>Tennessee Coordinated Care Network</i>	8/23/01	Plan of Correction requested	Deficiencies corrected	N/A
Provider Networks	Prenatal Network <i>Tennessee Coordinated Care Network</i>	8/23/01	Monitored Compliance	Plan of Correction submitted timely by MCC	N/A
Contract Compliance	Provider Service Manuals <i>Tennessee Managed Care Network</i>	9/1/01	Requested submission to Bureau	MCC responded timely	N/A
Provider Networks	Lack of Prenatal Providers <i>Better Health Plan</i>	9/4/01	Monitored Compliance	Deficiencies corrected	N/A
Provider Networks	Prenatal Network <i>Blue Care</i>	9/5/01	Monitored Compliance	Deficiencies corrected	N/A
Contract Compliance	Home Health Policies and Procedures	9/10/01	Requested from each MCC	All MCCs responded within timelines. Two MCCs cited for inappropriate language per <i>Newberry Lawsuit</i>	On-request reports requested from OmniCare Health Plan and Tennessee Coordinated Care Network
Quality Oversight	EPSDT Monthly Report	9/25/01	On-request Reports issued for deficiency corrections	All MCCs corrected deficiencies within timeline	N/A
Quality Oversight	EPSDT Monthly Report	9/25/01	On-request Reports issued for deficiency corrections	Both BHOs corrected deficiencies within timeline	N/A

Provider Networks	Provider Network	10/2/01	Update requested in Provider Enrollment File	Unresolved	State terminated contact with MCC on 10/31/01
Contract Compliance	MCO Transportation Policies and Procedures and Language Interpretation Policies and Procedures	10/3/01	On-request Reports requested for review of Policies and Procedures	All MCCs responded within timelines	On going; new On-request Report requested to address eight deficiencies cited. MCC must review contractual provisions from the Amended and Restated Contractor Risk Agreement and legal citations to update policies and procedures.
Contract Compliance	Home Health Policies and Procedures <i>OmniCare Health Plan</i>	10/10/01	Review updated language in Home Health Policies	Deficiencies corrected	N/A
Contract Compliance	Home Health Policies and Procedures <i>Tennessee Coordinated Care Network</i>	10/10/01	Review updated language in Home Health Policies	Deficiencies corrected	N/A
Contract Compliance	Home Health Policies and Procedures <i>Universal Care</i>	10/10/01	Review updated language in Home Health Policies	Deficiencies corrected	N/A
Contract Compliance	3 rd Quarter 2001 Update Specialty Provider Review	11/1/01	Monitored MCC compliance with providing PCPs and Case Managers with quarterly update of specialty providers	All MCCs provided acceptable documentation	N/A
Provider Relations	Reimbursement for EPSDT Services <i>Xantus Health Plan</i>	11/13/01	Monitored Compliance	Claims reprocessed and paid per contracted amounts	N/A
Quality Compliance	EPSDT Focus Study <i>Xantus Health Plan</i>	11/14/01	Monitored compliance	MCC responded timely	N/A

REVIEW OF PROVIDER CONTRACTS FOR EPSDT VIOLATIONS (Key Area #8)

MCC	PROJECT	REVIEW DATE	COMPLIANCE CRITERIA	STATUS/COMMENTS	QCPC CORRECTIVE ACTION PLAN
Xantus	Provider notification letters	7/13/01	Review for EPSDT medical and dental checkup	Documentation corrected	N/A
Blue Care	Provider notification letters	7/13/01	Review for EPSDT medical and dental checkup	Documentation corrected	N/A
Contract Compliance	Provider Manual East Region TennCare Selct & BPN <i>Blue Care</i>	7/30/01	Review of EPSDT language	EPSDT insert approved	N/A

Contract Compliance	Provider Directory Listing <i>Blue Care</i>	7/31/01	Review of Provider information updates	Approved update	N/A
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LIQUATED DAMAGES ASSESSED FOR EPSDT SERVICE DIRECTIVES (DFS's)

By MCC

MCC	DESCRIPTION/TOTAL NUMBER OF ASSESSMENTS & SYSTEMIC VIOLATIONS	TOTAL AMOUNT OF LIQUIDATED DAMAGE ASSESSMENT
John Deere	Hospital Services	\$500
Memphis Managed Care (TLC)	Dental Services	\$500
OmniCare Health Plan	Pharmacy Services	\$1,000
Premier	Residential Care	\$500
Volunteer State Health Plan/Blue Care	Pharmacy Services	\$21,500
TOTALS		\$24,000.00

